

Key Contacts Form

*** Applicant Organization Name:**

The Obria Group, Inc.

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:** Executive Director

Prefix:

* First Name: Mauricio

Middle Name:

* Last Name: Leone

Suffix:

Title: Executive Director

Organizational Affiliation:

Executive Director

* Street1: 17731 Irvine Blvd.

Street2: Suite 201B

* City: Tustin

County: Orange

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 92780-3206

* Telephone Number: 949-273-5040

Fax:

* Email: mleone@obriagroup.org

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

Choose State...

8. APPLICANT INFORMATION:

*** a. Legal Name:**

The Obria Group, Inc.

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

33-0150193

*** c. Organizational DUNS:**

0811557990000

d. Address:

*** Street1:**

17731 Irvine Blvd.

Street2:

Suite. 201B

*** City:**

Tustin

County/Parish:

Orange

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

92780-3206

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

*** First Name:**

Mauricio

Middle Name:

*** Last Name:**

Leone

Suffix:

Title: Executive Director

Organizational Affiliation:

*** Telephone Number:** 949-273-5040

Fax Number:

*** Email:** mleone@obriagroup.org

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Office of the Assistant Secretary for Health

11. Catalog of Federal Domestic Assistance Number:

93.217

CFDA Title:

Family Planning Services

* 12. Funding Opportunity Number:

PA-FPH-19-001

* Title:

Announcement of Availability of Funds for Title X Family Planning Services Grants

13. Competition Identification Number:

PA-FPH-19-001-063094

Title:

Announcement of Availability of Funds for Title X Family Planning Services Grants

14. Areas Affected by Project (Cities, Counties, States, etc.):

Project_Service_Areas.pdf

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Obria Family Planning and Preventive Health Services Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant TX-031

* b. Program/Project TX-08

Attach an additional list of Program/Project Congressional Districts if needed.

Congressional_Districts_Tx.pdf

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2019

* b. End Date: 03/31/2022

18. Estimated Funding (\$):

* a. Federal	7,437,940.00
* b. Applicant	1,222,626.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	8,660,566.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Mauricio

Middle Name:

* Last Name: Leone

Suffix:

* Title: Executive Director

* Telephone Number: 949-273-5040 Fax Number:

* Email: mleone@obriagroup.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 01/31/2019

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Obria FPP	93.217	\$	\$	\$ 7,437,940.00	\$ 1,222,626.00	\$ 8,660,566.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 7,437,940.00	\$ 1,222,626.00	\$ 8,660,566.00

Project Service Area - West Texas - Midland Community Healthcare Clinic						
County and State	Towns and/ or Cities					
Gaines County, TX	Loop	Seagraves	Seminole			
Dawson County, TX	Lamesa	Welch				
Borden County, TX	Gail					
Scurry County, TX	Fluvanna	Hermleigh	Ira	Snyder		
Fisher County, TX	Mc Caulley, T	Roby	Rotan	Slyvester		
Jones County, TX	Anson	Avoca	Hamlin	Hawley	Lueders	Stamford
Andrews County, TX	Andrews					
Martin County, TX	Ackerly	Lenorah	Stanton	Tarzan		

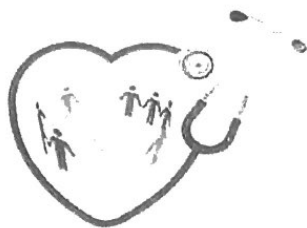
Project Service Area - West Texas - Midland Community Healthcare Clinic									
County and State		Towns and/or Cities							
Howard County, TX	Big Spring	Coahoma	Forsan	Knott					
Midland County, TX	Midland								
Mitchell County, TX	Colarado City	Loraine	Westbrook						
Nolan County, TX	Blackwell	Maryneal	Nolan	Roscoe	Sweetwater				
Taylor County, TX	Abilene	Buffalo Gap	Lawn	Merkel	Ovalo	Trent	Tuscola		Type
Loving County, TX	Mentone								
Winkler County, TX	Kermit	Wink							
Ector County, TX	Gardendale	Goldsmith	Notrees	Odessa	Penwell				

Project Service Area - West Texas - Midland Community Healthcare Clinic									
County and State	Towns and/or Cities								
Glasscock County, TX	Garden City								
Sterling County, TX	Sterling City								
Coke County, TX	Bronte	Robert Lee	Tennyson						
Runnels County, TX	Ballinger	Miles	Norton	Rowena	Wingate				Winters
Ward County, TX	Barstow	Grandfalls	Monahans	Pyote	Wickett				
Crane County, TX	Crane								
Upton County, TX	Mc Camey	Midkiff	Rankin						

Project Service Area - West Texas - Midland Community Healthcare Clinic										
County and State	Towns and/or Cities									
Reagan County, TX	Big Lake									
Iron County, TX	Mertzon									
Tom Green County, TX	Carlsbad	Chirstoval	Knickerbocker	Mereta	San Angelo	Vancourt	Veribest	Wall		Water Valley
Concho County, TX	Eden	Eola	Lowake	Millersview	Paint Rock					
Crockett County, TX	Ozona									
Schleicher County, TX	Eldorado									
Sutton County, TX	Sonora									
Val Verde County, TX	Comstock	Del Rio	Langtry							
Terrell County, TX	Dryden	Sanderson								
Pecos County, TX	Coyanosa	Fort Stockton	Imperial	Iraan	Sheffield					
Reeves County, TX	Balmorhea	Orla	Pecos	Saragosa	Toyah					

Congressional Districts

TX-031	The Heidi Group
TX-008	Community Wellness Clinic
TX-011	Midland Community Healthcare Clinic



APPENDIX B: COMMITMENT LETTER

Midland Community Healthcare Services

A CARING HEART FOR THE WHOLE COMMUNITY

BOARD OF DIRECTORS

Jake Flader, President
Conrad Coleman, Vice President
Virginia Davis, Secretary
Lydia Fresca, Treasurer
Patty Perales
Mitzy Laabs
Martie Coleman
Gina Reyes
Juanita Castilleja
Michael DenBleyker
Pete Fierro

ADMINISTRATION

Post Office Box 5576
Midland, Texas 79704-5576
5001 Andrews Highway
Midland, Texas 79703
(432) 570-0238 – Phone
(432) 699-3815 – Fax

COLEMAN FAMILY CLINIC

Adult, Pediatric, Dental,
Mental Case Management,
Women's and
Texas Health Steps Services
801 East Florida Avenue
Midland, Texas 79701-8212
(432) 685-0450 – Phone
(432) 685-0459 – Fax

PEDIATRIC SERVICES CLINIC

Case Management
2500 West Delano Avenue
Midland, Texas 79701
(432) 697-4747 – Phone
(432) 699-3813 – Fax

WOMEN'S SERVICES CLINIC

Case Management
400 Rosalind Redfern
Grover Parkway - 3rd Floor/East
Wing of Midland Memorial
Hospital
Midland, Texas 79701
(432) 681-3100 – Phone
(432) 681-3108 – Fax

PATIENT ASSISTANCE OFFICE

2502 West Delano Avenue
Midland, Texas 79701
(432) 699-3817 – Phone
(432) 570-4286 – Fax

WEBSITE:

www.midlandchs.org

Letter of Commitment

January 07, 2019

Diane Foley, MD, FAAP
Deputy Assistant Secretary for Population Affairs
Office of Population Affairs
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.

Re: Letter of Commitment to implement a Voluntary Family Planning Project in Midland, Texas.

Dear Ms. Foley,

I would like to express my full support for The Obria Group, Inc. application for the FY 18 Family Planning Service Grants Opportunity to implement several "Voluntary Family Planning Projects" sites across Texas. The Obria Group is an umbrella organization for a national network of life-affirming community health care clinics. Currently, Obria affiliates are in California, Oregon, Washington, Iowa, Texas, and Georgia. Obria affiliates are committed to providing comprehensive life-affirming sexual and reproductive health care services, health education, and supportive services to all individuals seeking quality healthcare regardless of their ability to pay. For over 35 years, Obria has maintained its mission of providing high-quality, innovative, and holistic sexual and reproductive health care services that will contribute to a healthy community, focusing on those in need.

Midland Community Healthcare Services is a 501 (c) (3) non-profit organization (FQHC) and provides a wide array of sexual and reproductive health care services in Midland, Texas. Midland Community Healthcare Services clinics are uniquely positioned to offer comprehensive Women's Health services. Eligibility screening is provided at the clinics to determine what services each client can access for help. Because MCHS is already connected with, and providing services to, the target population the extension of women's health and family planning services in a complete primary care setting is a logical growth step in providing "full service" via an FQHC and reinforces the "Medical Home" concept (MCHS has obtained PCMH Certification under its existing Joint Commission Accreditation).

Our Mission

Midland Community Healthcare Services provides affordable, comprehensive, accessible, culturally appropriate, cost-effective primary health care to residents mainly in Midland County, especially individuals/families with limited resources or other barriers to health care to improve their overall health status.

APPENDIX B: COMMITMENT LETTER

The Women's Service Clinic has provided or makes available services that included prenatal/initial visits, return or post-partum visits, ultrasounds, non-stress test, dysphasia, family planning, and well women care to women of childbearing age. Prenatal and post-partum services include antepartum screening, health maintenance assessments and post-partum evaluations. The family planning services include method specific birth control education and include Depo-Provera, prescription options, IUDs, annual gynecological exams, education on family planning alternatives and options, and tubal ligations.

In the event the proposed project is funded by The Office of Population Affairs, Midland Community Healthcare Services anticipates that we will be able to provide the following services, with the understanding by all parties involved that these commitments are not legally binding.

Pregnancy Testing & Counseling	STI Testing & Treatment	Well-Woman Care
Pregnancy Ultrasound Services	STI Risk Prevention Education	Breast & Cervical Cancer Screening
Prenatal Care	HIV/AIDS Testing & Education	Preconception Care
Pregnancy Prevention	Sexual Risk Avoidance Education	Parenting Education
Natural Family Planning	Contraception Education	Referrals to Medical Partners

I fully support the efforts of The Obria Group, Inc. and look forward to working with them in this important endeavor. We will work collaboratively with The Obria Group, Inc. to ensure our goals are aligned with the goals of the grant proposal, including efforts to track and report on outcomes. There are many health disparities that continue to exist in our community. Obria and its affiliates are dedicated to address those disparities by providing improved access to comprehensive sexual and reproductive health care services to those in need. We believe our involvement will significantly improve the availability and access to these important services in our service areas. If I may provide any additional information to you, please feel free to contact me at 432-570-0238.

Sincerely,



Michael J. Austin
Chief Executive Officer

Our Mission

Midland Community Healthcare Services provides affordable, comprehensive, accessible, culturally appropriate, cost-effective primary health care to residents mainly in Midland County, especially individuals/families with limited resources or other barriers to health care to improve their overall health status.

APPENDIX B: COMMITMENT LETTER

Community Wellness Clinic, LLP

201 Enterprise Row, Suite 12

Conroe, Texas 77301-4448

Letter of Commitment

Diane Foley, MD, FAAP
Deputy Assistant Secretary for Population Affairs
Office of Population affairs
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.

Re: Letter of Commitment to implement a Voluntary Family Planning Project in Texas.

Dear Ms. Foley,

I would like to express my full support for The Obria Group, Inc. application for the FY 18 Family Planning Service Grants Opportunity to implement several "Voluntary Family Planning Projects" sites across Texas. The Obria Group is an umbrella organization for a national network of life-affirming community health care clinics. Currently, Obria affiliates are in California, Oregon, Washington, Iowa, Texas, and Georgia. Obria affiliates are committed to providing comprehensive life-affirming sexual and reproductive health care services, health education, and supportive services to all individuals seeking quality healthcare regardless of their ability to pay. For over 35 years, Obria has maintained its mission of providing high-quality, innovative, and holistic sexual and reproductive health care services that will contribute to a healthy community, focusing on those in need.

Community Wellness Clinic NP is a 501 (c)(3) non-profit organization that provides a wide array of sexual and reproductive health care services in Montgomery County, Texas.

In the event the proposed project is funded by The Office of Population Affairs, Community Wellness Clinic NP anticipates that we will be able to provide the following services, with the understanding by all parties involved that these commitments are not legally binding.

Pregnancy Testing & Counseling	STI Testing & Treatment	Well-Woman Care
Pregnancy Ultrasound Services	STI Risk Prevention Education	Breast & Cervical Cancer Screening
Prenatal Care	HIV/AIDS Testing & Education	Preconception Care
Pregnancy Prevention	Sexual Risk Avoidance Education	Parenting Education
Natural Family Planning	Contraception Education	Referrals to Medical Partners

I fully support the efforts of The Obria Group, Inc. and look forward to working with them in this important endeavor. We will work collaboratively with The Obria Group, Inc. to ensure our goals are aligned with the goals of the grant proposal, including efforts to track and report on outcomes. There are many health disparities that continue to exist in our community. Obria and its affiliates are dedicated to address those disparities by providing improved access to comprehensive sexual and reproductive health care services to those in need. We believe our involvement will significantly improve the availability and access to these important services in our service areas. If I may provide any additional information to you, please feel free to contact me at kgregory@consolidated.net.

Sincerely,

Kerry Gregory

Vice President

APPENDIX B: COMMITMENT LETTER



1215 West Anderson Lane • Austin, Texas 78757
512.374.0055 • 512.374.0085
www.auslinlifecare.com

January 3, 2019

To Whom It May Concern:

LifeCare Pregnancy Services would like to express our commitment to the Heidi Group/LifeGuard program to expand the breadth and reach of services that improve overall health with a concentration on family planning services. LifeCare Austin LifeCare (ALC) was founded in 1984 with the vision of serving the physical, emotional, social, and spiritual needs of women and families who are facing an unplanned pregnancy. Since that time, LifeCare has grown to include an After Abortion Care Program offering support and information to those who have been affected by abortion. ALC seeks to promote positive solutions to the challenges surrounding unplanned pregnancies through prevention, intervention, and restoration. LifeCare provides information about options to women facing and unplanned pregnancy. Our goal is to support women who choose to parent their child. We provide options counseling but do not refer clients to abortion clinics.

LifeCare serves approximately 2,000 clients per year to meet the needs of women, men, and their families, who are facing an unplanned pregnancy. All services are provided free of charge. LifeCare Pregnancy Services provides education about pregnancy, abortion procedures, adoption and parenting. LifeCare also provides limited ultrasound services, Childbirth and Parenting classes, mentors (PALS), and material assistance (clothing, baby items, etc.). LifeCare serves as a resource for community referrals in order to meet needs for medical care, living accommodations, emergency food, domestic violence services, support groups, and much more.

Many times, clients visit LifeCare needing additional health care services. They may have a positive pregnancy test and need referrals for maternity care and finding an OB/GYN. We also see many with health concerns needing screening, STD testing, and other services provided by a physician. These clients often are uninsured or underinsured.

We welcome the opportunity to refer them to The Heidi Clinic, where they can establish care and receive family planning services. Partnering with The Heidi Clinic will help streamline care and fill in gaps for these individuals. Austin LifeCare will provide referrals when a woman tests positive for pregnancy and needs to establish care with an OB/GYN, any time someone needs STD testing, or any other services the clinic can provide for help in family planning.

Regards,

Andy Schoonover
Executive Director
Austin LifeCare



APPENDIX B: COMMITMENT LETTER

Sacred Heart Community Clinic
620 Round Rock W Dr, Bldg 8
Round Rock, TX 78681

May 24, 2018

At Sacred Hearts Community Clinic (SHCC) we provide outpatient health services to the medically underserved residents of the Williamson County area.

We submit this letter of confirmation that we commit to teaching and training the Heidi Clinic patients in natural family planning methods.

We understand The Heidi Groups commitment to serve women and look forward to forming a genuine partnership to reduce health disparities in our community.

Sincerely,

Liz Burton-Garcia
Executive Director
Sacred Heart Community Clinic
512-716-3929

APPENDIX B: COMMITMENT LETTER



Letter of Commitment

December 27, 2018

Diane Foley, MD, FAAP
Deputy Assistant Secretary for Population Affairs
Office of Population affairs
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.

Re: Letter of Commitment to implement a Voluntary Family Planning
Project in Round Rock, Texas.

Dear Ms. Foley,

I would like to express my full support for The Obria Group, Inc. application for the FY 18 Family Planning Service Grants Opportunity to implement several "Voluntary Family Planning Projects" sites across Texas. The Obria Group is an umbrella organization for a national network of life-affirming community health care clinics. Currently, Obria affiliates are in California, Oregon, Washington, Iowa, Texas, and Georgia. Obria affiliates are committed to providing comprehensive life-affirming sexual and reproductive health care services, health education, and supportive services to all individuals seeking quality healthcare

APPENDIX B: COMMITMENT LETTER

regardless of their ability to pay. For over 35 years, Obria has maintained its mission of providing high-quality, innovative, and holistic sexual and reproductive health care services that will contribute to a healthy community, focusing on those in need.

The Heidi Group, founded in 1995, is a 501 (c)(3) non-profit organization that provides a wide array of sexual and reproductive health care services in Round Rock, Williamson County and surrounding counties including Pregnancy Testing and Counseling, Pregnancy Ultrasound Services, Prenatal Care, Pregnancy Prevention, STI Testing and Treatment, STI Risk Prevention Education, HIV/AIDS Testing and Education, Sexual Risk Avoidance Education, Contraception Education, Well-Woman Health Care, Breast and Cervical Cancer Screening, Preconception Health Care, Parenting Classes and referrals to Medical Partners.

The Heidi Group(THG) was founded to offer life-affirming pregnancy testing and counseling but recognizing the enormous health care disparities for low income women, evolved to comprehensive health and prenatal medical care. THG research proved that low income women struggle across Texas to locate health care. With several of the most poverty-stricken areas in the nation located in Texas, in 2005 THG started reaching across Texas to offer women's health services in unserved counties.

In the event the proposed project is funded by The Office of Population Affairs, The Heidi Group anticipates that we will be able to provide the following services.

Pregnancy Testing & Counseling	STI Testing & Treatment	Well-Woman Care
Pregnancy Ultrasound Services	STI Risk Prevention Education	Breast & Cervical Cancer Screening

APPENDIX B: COMMITMENT LETTER

Prenatal Care	HIV/AIDS Testing & Education	Preconception Care
Pregnancy Prevention	Sexual Risk Avoidance Education	Parenting Education
Natural Family Planning	Contraception Education	Referrals to Medical Partners

I fully support the efforts of The Obria Group, Inc. and look forward to working with them in this important endeavor. We will work collaboratively with The Obria Group, Inc. to ensure our goals are aligned with the goals of the grant proposal, including efforts to track and report on outcomes. There are many health disparities that continue to exist in our community. Obria and its affiliates are dedicated to address those disparities by providing improved access to comprehensive sexual and reproductive health care services to those in need. We believe our involvement will significantly improve the availability and access to these important services in our service areas. If I may provide any additional information to you, please feel free to contact me at ce@heidigroup.org or 512-255-2088.

Sincerely,

Carol Everett

Carol Everett
Chief Executive Officer

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Obria FPP	(2)	(3)	(4)	
a. Personnel	\$ 2,667,208.00	\$	\$	\$	2,667,208.00
b. Fringe Benefits	616,917.00				616,917.00
c. Travel	19,977.00				19,977.00
d. Equipment	14,000.00				14,000.00
e. Supplies	83,499.00				83,499.00
f. Contractual	830,328.00				830,328.00
g. Construction	0.00				0.00
h. Other	3,752,461.00				3,752,461.00
i. Total Direct Charges (sum of 6a-6h)	7,984,390.00				7,984,390.00
j. Indirect Charges	676,176.00				676,176.00
k. TOTALS (sum of 6i and 6j)	\$ 8,660,566.00	\$	\$	\$	\$ 8,660,566.00
7. Program Income	\$	\$	\$	\$	\$

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Obria FPP	\$ 1,222,626.00	\$	\$	\$ 1,222,626.00
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$ 1,222,626.00	\$	\$	\$ 1,222,626.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 7,437,940.00	\$ 1,859,485.00	\$ 1,859,485.00	\$ 1,859,485.00	\$ 1,859,485.00
14. Non-Federal	\$ 1,222,626.00	\$ 305,657.00	\$ 305,657.00	\$ 305,656.00	\$ 305,656.00
15. TOTAL (sum of lines 13 and 14)	\$ 8,660,566.00	\$ 2,165,142.00	\$ 2,165,142.00	\$ 2,165,141.00	\$ 2,165,141.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Obria FPP	\$ 7,689,298.00	\$ 7,950,814.00	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 7,689,298.00	\$ 7,950,814.00	\$	\$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: \$6,766,263.7	22. Indirect Charges: \$676,176
23. Remarks:	

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Completed on submission to Grants.gov	Executive Director
APPLICANT ORGANIZATION	DATE SUBMITTED
The Obria Group, Inc.	Completed on submission to Grants.gov

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
4040-0013

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
--	--	--

4. Name and Address of Reporting Entity:

☒ Prime ☐ SubAwardee

* Name:

* Street 1: Street 2:

* City: State: Zip:

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: <input type="text" value="DEPARTMENT OF HEALTH AND HUMAN SERVICES"/>	7. * Federal Program Name/Description: <input type="text" value="Family Planning Services"/> CFDA Number, if applicable: <input type="text" value="93.217"/>
--	---

8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>
--	--

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1: Street 2:

* City: State: Zip:

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1: Street 2:

* City: State: Zip:

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

*** Signature:**

*** Name:** Prefix * First Name Middle Name

* Last Name Suffix

Title: **Telephone No.:** **Date:**

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL (Rev. 7-97)

Project Abstract Summary

Program Announcement (CFDA)

93.217

Program Announcement (Funding Opportunity Number)

PA-FPH-19-001

Closing Date

01/16/2019

Applicant Name

The Obria Group, Inc.

Length of Proposed Project

36

Application Control No.**Federal Share Requested (for each year)****Federal Share 1st Year**

\$ 7,437,940

Federal Share 2nd Year

\$ 7,689,298

Federal Share 3rd Year

\$ 7,950,814

Federal Share 4th Year

\$ 0

Federal Share 5th Year

\$ 0

Non-Federal Share Requested (for each year)**Non-Federal Share 1st Year**

\$ 1,222,626

Non-Federal Share 2nd Year

\$ 1,247,079

Non-Federal Share 3rd Year

\$ 1,272,020

Non-Federal Share 4th Year

\$ 0

Non-Federal Share 5th Year

\$ 0

Project Title

Obria Family Planning and Preventive Health Services Project

Project Abstract Summary

Project Summary

The OBRIA Group is a 501(C)(3) whose mission is to create a unified national brand of health clinics to more effectively provide proactive, effective, life-affirming services to those in need. OBRIA- Texas respectfully requests \$7,437,940 to serve 53 Texas counties with family planning, comprehensive and reproductive health care.

OBRIA's vision is to partner with the medical clinics across the country who share a vision to offer patients a full scope of life-affirming comprehensive medical health care. Each clinic retains their own non-profit status and governance, recognizing the need to unify under the nationally recognized brand - OBRIA. This allows clinics to reach more at-risk patients to provide alternate health care models to break relationships currently in place with the abortion clinics while offering companionate holistic life-affirming comprehensive and reproductive health care.

OBRIA - Texas' project service area spans 67,717 square miles over 53 counties of Texas. Forty-nine of those counties are unserved by Title X. The three service areas are West, South and Central Texas with a combined population of 9,336,339.

Unemployment rates and poverty in general are higher in the proposed service areas when compared with state and national averages. The number of family households headed by single parents with children under 18 years of age is higher in 51 of the 53 counties project service areas. The U. S. Census Bureau (2016) states that 15.6% of Texans live in poverty versus the national average at 12.3%. Hispanic Texans represent 39% of the state population, but they make up a disproportionate amount (over half) of the population living below the poverty level. Analysis reveals that 36.5% of Hispanics in Texas live in poverty. Further 8.5% of females ages 24-34 live below the Federal Poverty Level (FPL) and 6.5% of male residents aged 18-24 live below the FPL in both the state and nation. By 2022, the growth among the Hispanic population in Texas is estimated to surpass the growth among white Texans. Demographic Statistical Atlas of the United States (2016) reported 29% of the total Texas population live in a Spanish speaking household.

Adults in Texas are the most uninsured in the country. U. S. Census (2017) data shows that 4 million (22%) of Texans are uninsured. The Texas Medical Association states Texas is the uninsured capital of the United States.

All factors considered such as unemployment, uninsured, at risk youth, sexually transmitted disease, low birth weight and infant preterm risks, breast and cervical cancer, the health care needs are great.

Typically, health care is offered in urban areas. OBRIA - Texas reaches rural, underserved counties and populations with the potential for great opportunities to offer quality health care to those with the greatest needs.

Estimated number of people to be served as a result of the award of this grant.

47929

Project Narrative File(s)

* Mandatory Project Narrative File Filename: Upload_2_Obria_Title_X_Project_TEXAS.pdf

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File



The Obria Group (TOG) Family Planning and Preventive Health Services Project
Funding Opportunity Announcement Number PA-FPH-10-001; CFDA Number 93.217

Project Narrative:

The Heidi Group (THG), Community Wellness Clinic (CWC), and Midland Community Healthcare Clinic (MCHC), as subrecipients of The Obria Group, Inc. (Obria) for the *Announcement of Anticipated Availability of Funds for Family Planning Services Grant*, Funding Opportunity Announcement Number PA-FPH-19-001; CFDA Number 93.217, for services to be conducted within the city of Round Rock, Conroe and Midland, serving 53 Texas counties. The following assessment will outline the need for family planning services as evidenced by unintended pregnancy, adolescent pregnancy, sexually transmitted diseases (STD), HIV preventive health screening rates, poverty and poor access to health care. This proposal will also outline the experience and expertise of THG, CWC, and MCHC in providing administrative, management, and clinical components of family planning and related preventive health services.

1. Description of Need of Services Provided and Geographic Area and Population:



The proposed project service area spans over 67,717 square miles over 53 counties of Texas. THG located in Round Rock (Williamson County) in Central Texas offers care to 8 counties. Geographically, Williamson County (population 523,001), is the 12th most populated county in Texas and is accessible from Bastrop, Bell, Burnet, Lee, Milam, and Caldwell. Travis with a population of 1.2 M is the only



county offering Title X family services. The combined population of the counties is 2,146,941.

CWC located in Conroe, TX is the seat of Montgomery County (population 551,552) and a suburb city of Houston - The Woodlands - Sugar Land Metropolitan area. Grimes, Liberty, Polk, San Jacinto, Walker, and Waller, Harris, Brazos, and Fort Bend are accessible to Montgomery County. Harris with a population of 4.59M is the only county offering Title X family planning services. CWC in South Texas delivers care these to surrounding counties. The combined population of these counties is 6,363,779. Rural residents routinely travel for services.

MCHC located in Midland, TX, (population 153,888) serves, Midland, Gaines, Dawson, Borden, Scurry, Fisher, Jones, Andrews, Martin, Howard, Mitchell, Nolan, Taylor, Loving, Winkler, Ector, Glasscock, Sterling, Coke, Runnels, Ward, Crane, Upton, Reagan, Irion, Tom Green, Concho, Schleicher, Crockett, Sutton, Val Verde, Terrell, Pecos, and Reeves County. MCHC in West Texas provides healthcare to these 34 counties with a population total of 825,619. There are currently two Title X providers located in the Midland-Odessa area but the disparities in community healthcare show the highest need is in the rural areas where residents routinely travel for services. The combined population for the three service areas is 9,336,339. APPENDIX A:

SERVICE AREA MAP

Income, Employment and Poverty

Unemployment rates and poverty in general are higher in the proposed service areas when compared with state and national averages. The number of family households headed by single-parents with children under 18 years of age is higher in 51 of the 53 counties project service areas. According to the 2017 U.S. Census Bureau, out of the 12 million single parent families with children under the age of 18, more than 80% were headed by single mothers. United States Census Bureau (2016) states that 15.6% of Texans live in poverty verses the national average of at 12.3%. Percentage of children under age 18 fell to 22 % below the poverty level. Working



women ages 18 – 64 fell 15.9% below the poverty level with men trailing at 11.5% Special populations are the primary users of family planning and related health services. They face obstacles not always apparent in overall statistical averages. Many come to Texas for jobs however, the opportunities are limited for the unskilled laborer. A construction worker has an average of \$12.97 an hour in Texas. Waitresses earn \$4.00 an hour plus tips which could be as high as \$25,636 annually compared to the U.S. Census (2016) report of the median household income in Texas at \$56,565. Unskilled workers are generally young adults with young families. Layoffs are not uncommon during seasonal weather variations or economic downturns. Need is particularly prominent when evaluating ethnicity and specific age groups within the service areas. Hispanic Texans represent 39% of the state population, but they make up a disproportionate amount (over half) of the population living below the poverty level, (U.S. Census Bureau). Analysis reveals that 36.5% of Hispanics in Texas live in poverty. Further, 8.5% of females aged 25 – 34 live below the FPL and 6.5% of male residents aged 18 – 24 live below the FPL in both the state and the nation. By 2022, the growth among the Hispanic population in Texas, is estimated to surpass the growth among white Texans. In 2016, the Demographic Statistical Atlas of the United States reported 29% of the total Texas population lived in a Spanish speaking household, demonstrating the need for consistent and competent Bilingual services. Gender, race and ethnicity are outlined in Table 9 below.

Table 9: Estimate and Projection by Gender, Age, Race			
		Texas	
		2017	% of total population
	Total Population	27.2 M	
Gender	Female	10,498,910	50.4
	Male	10,352,910	49.6
Age Group	<5 yrs.	1,654,184	7.8
	5-19 yrs.	1,654,184	7.9
	20-44 yrs.	8,023,725	38.5
Race	White	17,791,552	70%
	Hispanic	9,469,921	37%
	Black	2,979,598	11%

Source: U. S. Census Bureau

Uninsured Population

Adults in Texas are the most uninsured in the country and Texas has the third most uninsured children. The U. S. Census, on September 12, 2017, released the latest numbers counting Americans without health insurance. The data showed that the number of uninsured Texans in 2017 was 272,000 more than in 2016. Although there was historic improvement in our uninsured rates in Texas for three straight years, this still leaves more than 4 million (22%) of Texans uninsured, making Texas the uninsured capital of the United States, according to Texas Medical Association.

In the 11 counties in the South Texas project area, 7 counties show 30% are uninsured and 4 counties are 20 % uninsured. (Table 6)

Table 6: South Texas - Socioeconomics: Service Area Compared with State and National Averages											
	Grimes County	Liberty County	Montgomery County	Polk County	San Jacinto County	Trinity County	Walker County	Waller County	Harris County	Brazos County	Fort Bend County
% of uninsured 19 - 65 years	32%	31%	25%	31%	32%	31%	28%	33%	33%	25%	21%

Data Source: DataUSA, Bureau of Labor Statistics, County Health Rankings

The Central Texas target service area, has 2 counties over 30% uninsured. The remaining counties range from 29 to 20% uninsured. (Table 1)

Table 1: Central Texas - Socioeconomics: Service Area Compared with State and National Averages

	Williamson County	Bastop County	Bell County	Burnet County	Lee County	Milam County	Caldwell County	Travis County
% uninsured 19 - 65 years	20%	31%	23%	32%	29%	29%	27%	25%

Data Source: DataUSA, Bureau of Labor Statistics, County Health Rankings

In the West Texas target area, Gaines County is 40% uninsured, 12 counties over 30% uninsured, 20 counties over 20% uninsured and the remaining county Borden is 18% uninsured. (Tables 2, 3, 4, 5)

Table 2: West Texas - Socioeconomics: Service Area Compared with State and National Averages

	Gaines County	Dawson County	Borden County	Scurry County	Fisher County	Jones County	Andrews County	Martin County
% uninsured 19 - 65 years	41%	32%	18%	27%	26%	31%	29%	29%

Data Source: DataUSA, Bureau of Labor Statistics, County Health Rankings

Table 3: West Texas - Socioeconomics: Service Area Compared with State and National Averages

	Howard County	Midland County	Mitchell County	Nolan County	Taylor County	Loving County	Winkler County	Ector County
% uninsured 19 - 65 years	25%	25%	28%	28%	27%	20%	31%	31%

Data Source: DataUSA, Bureau of Labor Statistics, County Health Rankings

Table 4: West Texas - Socioeconomics: Service Area Compared with State and National Averages

	Glasscock County	Sterling County	Coke County	Runnels County	Ward County	Crane County	Upton County
% uninsured 19 - 65 years	23.00%	21%	29.00%	31.00%	27.00%	29%	30.00%

Data Source: DataUSA, Bureau of Labor Statistics, County Health Rankings

Table 5: West Texas - Socioeconomics: Service Area Compared with State and National Averages

	Reagan County	Iron County	Tom Green County	Concho County	Schleicher County	Crockett County	Sutton County	Val Verde County	Terrell County	Pecos County	Reeves County
% uninsured 19 - 65 years	34.00%	23.00%	23.00%	26.00%	27.00%	27.00%	30.00%	37.00%	37.00%	31.00%	31.00%

Data Source: DataUSA, Bureau of Labor Statistics, County Health Rankings

Access to Medical Care

Recruitment and retention to healthcare providers can be a challenge for rural areas. The West Texas counties of Coke (3,136), Glasscock (1,328), Irion (1,705), Loving (80), Sterling (1,207), and Terrell (1,039) with a total of 8,495 residents have no local medical provider. Those counties without a large medical center, such as M.D. Anderson or a medical school, have limited medical professions. Outreach to the target areas will draw patients to THG, CWC, and MCHC.

Reproductive and Preventive Health Indicators

Youth Risk Behaviors and Protective Factors

Texas fairs slightly worse in 7 of the 13 categories related to teen behavioral risk in comparison with the national averages, as reported in the Youth Risk Behavior Surveillance System (YRBS).

For six of the behavioral risks categories Texas performs better than the National average.

Students who reported no sexual contact had a decrease in risk behaviors below the National and State averages. Current public health efforts in Texas strive to engage youth in positive ways towards building skills toward better health.

Table 7: 2017 Youth Risk Behavior Survey

Behavioral Risk Questions	State of Texas	U.S.
Ever had sexual intercourse (SI)?	39.2	39.5
Has had four or more sex partners?	11.2	9.7
Sexually active in the past 3 months?	27.5	28.7
Who were ever physically forced to have SI?	10.4	7.4
Who experienced physical dating violence?	7.1	8
Who drank alcohol or used drugs during their last SI?	19.1	18.8
Who used birth control pills, an IUD, Implant, Shot,	14.1	20.9
No method used to prevent pregnancy during last SI?	23.1	13.8
Who experienced sexual dating violence?	6.1	6.9
Who felt sad/hopeless almost every day for 2 or more	34.2	31.5
Made a plan about how they would attempt suicide?	14.5	13.6
Who currently used tobacco, smokeless tobacco, cigar?	16.8	19.5
Who currently drank alcohol?	26.8	29.8
Took prescription drugs without prescription?	14.9	14
<i>Source: CDC</i>		

Unintended Pregnancy and Birth Rates

Strides have been made nationally in assisting men and women to be at the healthiest when desiring to start or add to their family. However, per the CDC, “Unintended pregnancy is associated with an increased risk of problems for the mom and baby. If pregnancy is not

planned before conception, a woman may not be in optimal health for child bearing."¹

Births resulting from unintended or closely spaced pregnancies are associated with delayed prenatal care, premature birth, and adverse maternal and child health outcomes, such as mental health effects for children. Considerable health disparities exist for special populations. National data shows that more than half of all unintended pregnancies occur in women in their twenties. The rate of unintended pregnancies was highest among women aged 18-24, unmarried women (especially those living with a partner), low-income women, women who had not finished high school and minority women. Per the CDC, protective factors for reducing unintended pregnancy include: marriage, increased education and increased income.

National data shows 45 unintended pregnancies per 1,000 women aged 15 - 44, with states ranging from 32 per 1, 000 to 62 per 1,000, according to Guttmacher Institute.

In Texas, the rate of unintended pregnancies in women ages, 15 – 19 is 31 birth rates per 1000 and 68.8 birth rates per 1000 in women, ages 15 -44.

In 2016, the Office of Adolescent reported that in the U.S., six (17 percent) births to 15 to 19 -year old were to females who already had one or more births. Hispanics and black adolescents had higher birthrates than among their white counterparts.

Year Collected	Total	White	Black	Hispanic
2012	29.4	20.5	43.0	46.3
2013	26.5	18.6	39.0	41.7
2014	24.2	17.3	34.9	38.0
2015	22.3	16.0	31.8	34.9
2016	20.3	14.3	29.3	31.9

Source: U.S. Department of Health and Human Services

¹ (U.S. Census Bureau, 2017)



Sexually Transmitted Diseases (STD)

Chlamydia (Ct) is the most frequently reported STD in the U.S. and can result in pelvic inflammatory disease, ectopic pregnancy and infertility. Rates of asymptomatic Ct can reach 90% in males and 70-95% in women. Ct is one of the most common STDs in the U.S. Of the 53 counties of our target service areas, 5 counties are listed in the 20 highest STD rates in Texas according to the San Antonio Express News (2016). They are (Bell, Ector, Midland, Walker, and Travis).

The CDC recommends, and Texas law allows for expedited partner therapy. Thus, in addition to treating the patient, policies and procedures are in place to ensure partner treatment in the instances that he/she cannot seek testing and treatment in person. The 2015 CDC STD Treatment Guidelines highlight that 'The most reliable way to avoid transmission of STDs is to abstain from oral, vaginal, and anal sex or to be in a long term, mutually monogamous relationship with a partner known to be uninfected' The primary prevention of STDs and the secondary prevention of STDs through screening and surveillance as a means of preventing infertility and other sequelae remains an instrumental role for Title X Family Planning clinics. According to AIDSVu report in 2014, Texas is in the top 10 with the highest rates of new HIV diagnosis. Nearly 78,000 people were living with HIV across the state of Texas and in 2015, there were nearly 4,500 new cases.

Table 8: Chlamydia and HIV Cases and Rates by County													
	Williamson County	Hastop County	Bell County	Burnet County	Lee County	Milam County	Caldwell County	Travis County	Statewide	National			
Chlamydia Cases and Rates by County	1,393 / 234.4	737 / 869.5	4,036 / 1160.3	219 / 467.9	23 / 133.9	135 / 538.9	427 / 1008.6	8,653 / 705.4	144,801 / 511.6	1,598,354 / 497.3			
HIV* Diagnostic Rates by County	29 / 5.3	11 / 13*	49 / 14.1	2 / 4.3	1 / 5.8		12 / 28.3	221 / 18	311.1 / 16.1*	Could not report with accuracy			
	Grimes County	Liberty County	Montgomery County	Polk County	San Jacinto County	Trinity County	Walker County	Waller County	Harris County	Brazos County	Fort Bend County	Statewide	National
Chlamydia Cases and Rates by County	128 / 455.8	309 / 369.4	1515 / 265.4	117 / 238	82 / 290.1	35 / 238.6	577 / 798.7	157 / 306	26585 / 571.4	1546 / 693.8	2857 / 373.5	144,801 / 511.6	1,598,354 M / 493.7
HIV* Diagnostic Rates by County	23 / 18.6	3 / 3.6	35 / 6.1	2 / 4.1	3 / 10.6	0 / 0	5 / 6.9	6 / 11.7	1104 / 23.7	28 / 12.6	78 / 10.2	311.1 / 16.1*	Could not report with accuracy
	Gaines County	Dawson County	Borden County	Scurry County	Fisher County	Jones County	Andrews County	Martin County	Statewide	National			
Chlamydia Cases and Rates by County	38 / 184.1	47 / 366.8	2 / 297.2	112 / 656.9	11 / 283.5	32 / 160.1	62 / 349.8	19 / 337.7	144,801 / 511.6	1,598,354 / 497.3			
HIV* Diagnostic Rates by County	47 / 14	1 / 7.8					1 / 5.6		311.1 / 16.1*	Could not report with accuracy			
	Howard County	Midland County	Mitchell County	Nolan County	Taylor County	Loving County	Winkler County	Ector County	Statewide	National			
Chlamydia Cases and Rates by County	143 / 396.8	909 / 550.7	24 / 283.4	91 / 616.1	729 / 534.9		27 / 356.5*	873 / 555.7	144,801 / 511.6	1,598,354 / 497.3			
HIV* Diagnostic Rates by County	5 / 13.9	22 / 13.3		1 / 6.8	7 / 5.1		1 / 13.2*	20 / 12.7	311.1 / 16.1*	Could not report with accuracy			
	Glasscock County	Sterling County	Coke County	Runnels County	Ward County	Cyrene County	Upton County	Statewide	National				
Chlamydia Cases and Rates by	1 / 74.2	5 / 386.1	14 / 423.5	37 / 360.4	49 / 427.1	13 / 274.3	14 / 382.2	144,801 / 511.6	1,598,354 / 497.3				
HIV* Diagnostic Rates by County	0 / 0	0 / 0	0 / 0	0 / 0	1 / 8.7	0 / 0	0 / 0	311.1 / 16.1*	Could not report with accuracy				
	Reagan County	Iron County	Tom Green County	Concho County	Schleicher County	Crockett County	Sutton County	Val Verde County	Terrell County	Pecos County	Reeves County	Statewide	National
Chlamydia Cases and Rates by	13 / 350.4	5 / 329.8	775 / 656.7	9 / 331.2	7 / 233.3	10 / 280.6	12 / 318.6	180 / 365.8	1 / 123.5	117 / 236.0	58 / 379.6	144,801 / 511.6	1,598,354 / 497.3
HIV* Diagnostic Rates by County	0 / 0	0 / 0	9 / 7.6	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 6.4	0 / 0	311.1 / 16.1*	Could not report with accuracy

Chlamydia rates represent cases per 100,000 population
HIV rates represent cases per 100,000 population
Data Source: DataUSA, Bureau of Labor Statistics, Gottmacker Institute, NCCP, Healthy Williamson County, County Health Rankings, Statista, Small Area Income and Poverty Estimates, Data Center Kids Count, Texas Medical Association, Texas Health and Human

Low Birth Weight and Infant Preterm

Low birth weight is a major public health problem in the U.S., contributing substantially to adverse health outcomes and infant mortality. The principal determinants of low birth weight in the U.S. is premature delivery and fetal growth restrictions. Premature delivery is the factor most responsible for the high infant mortality rate in the U.S. The CDC reported in 2014 the United States ranks 26th when compared with other industrialized nations for infant mortality.

Table 8: Percent of Low Birthweight Births by Race/Ethnicity, 2017				
Location	All Races	Hispanic Black	Hispanic White	Hispanic
Texas	8.4%	13.6%	7.1%	7.9%

Source: Kaiser Family Foundation; The Centers for Disease Control and Prevention (CDC), [National Vital Statistics Reports \(NVSR\)](#).

Vol. 67, No. 8: Births: Final Data for 2017, November 7, 2018.

Table 9: Percent of Preterm Birthweight Births by Race/Ethnicity, 2017

Location	All Races	Hispanic Black	Hispanic White	Hispanic
Texas	10.6%	14%	9.4%	10.7%

Source: Kaiser Family Foundation; The Centers for Disease Control and Prevention (CDC), [National Vital Statistics Reports \(NVSr\)](#).

[Vol. 67, No. 8: Births: Final Data for 2017](#), November 7, 2018.

Low birth weight babies are more likely to have health problems impacting the respiratory and cardiac systems, the gastrointestinal tract, and the brain, compared to infants born of normal weight. Causes of low birth weight and infant mortality include undiagnosed or poorly controlled maternal medical conditions, genetic disorders and/or high-risk behaviors, including tobacco, alcohol or illicit drug use. In 2014 in Texas 12.89% of women of childbearing age reported binge drinking in the past month, 11.1% reported smoking and 27.5% were obese. All of these are health indicators that could lead to prematurity, low birth weight, and birth defects.

Reproductive life planning, preconception counseling and early prenatal care improve the health of the mother during pregnancy, leading to healthy birth outcomes. Title X services provided through THG, CWC, and MCHC sites play a vital role in providing preconception screening/counseling to ensure women are in optimal health from the start of a pregnancy.

Breast and Cervical Cancer

The most commonly diagnosed cancers in women and men are breast and prostate cancer. Texas ranks third in the United States in estimated new cases and third in expected cancer deaths due to breast cancer.



**Prevalence of Breast Cancer Screening, Females,
18 years and older, 2016**

Percentage of Adults (95% confidence interval)

Ever had a mammogram	62.4 (59.9-64.9)
Mammogram within past 2 years (age 40 years and over)	66.4 (63.5-69.4)

Age-Adjusted Death Rates due to Breast Cancer, Females, All Ages, 2015

Annual Deaths per 100,000 Women (95% confidence interval)

Demographics	Deaths	Age-Adjusted Mortality Rate	95% Confidence Interval	
			Lower	Upper
Total	2,849	20.0	19.3	20.8
White	1,755	21.3	20.3	22.3
Black	453	29.1	26.4	31.8
Hispanic	554	14.8	13.5	16.0
Other	87	12.1	9.5	14.6

Data Sources: 2015 Texas Cancer Registry as prepared by the Cancer Epidemiology and Surveillance Branch, Texas Cancer Registry, Texas Department of State Health Services, 2015 Texas Vital Statistics, Population Data. Texas Behavioral Risk Factor Surveillance System Public Use Data File, 2016. Texas Department of State Health Services, Center for Health Statistics, Austin, Texas. 2013 Texas Vital Statistics, Mortality Data. 2015 Texas Hospital Inpatient Discharge Public Use Data File. 2016 Texas Medicaid Reimbursement Data as prepared by Research Team, Strategic Decision Support, Texas Health and Human Services Commission, February 2018.

The incidence rate for breast cancer was 112 new cases per 100,000 women in Texas. It's been estimated that 66.4% of women age 40 years and over had a mammogram within the last two years. About 20 out of every 100,000 women in Texas have died from breast cancer. "Deaths were more common among black women than white or Hispanic women".²

Population to be Served

Through review of the needs assessment and current available family planning data, THG, CWC, and MCHC have identified target areas/populations to be addressed in the 53-county region.

²(2018 Female Breast Cancer Fact Sheet - Texas, April 2018)



a. Low-Income and Uninsured Residents

Unemployment rates in the project service area are above the state and national average in 39 of the 53 counties.

Poverty undermines the ability of women and men to put in place holistic activities to achieve optimal health. “By state, the percentage of users with incomes at or below poverty range from 36% to 100%, from 0% to 47% for users with incomes between 101% and 250% of poverty, and from 0% to 26% for users over 250% of poverty”³. This data provides evidence that THG, CWC, MCHC prioritized men and women of low-income and uninsured populations as required in 42 CFR 59.5. Considerable efforts have been made to assist clients towards Medicaid and health insurance enrollment. Using a sliding fee scale for clients whose income falls below 250% of the FPL and regardless of a client's ability to pay allows clients to voluntarily choose family planning services: obtain pregnancy testing and prenatal care referrals; STD testing and treatment: reproductive life planning, and preventive health services. including cervical and breast cancer screening.

b. Women of Child Bearing Age

Over one half of all pregnancies nationwide and in Texas are unintended.⁴ Preventing unintended pregnancy has far-reaching implications for the improvement of maternal and child health outcomes, as well as social and economic benefits. Addressing health disparities within special populations will be instrumental in reaching this goal. THG, CWC, and MCHC seeks to aid in the prevention of unintended pregnancies as a way of

³(Fowler, (2018, August))

⁴(<https://www.guttmacher.org/>, 2011)



also addressing public health and social challenges facing clients within the service areas.

THG, CWC, and MCHC are committed to patients through appointments available within

1 -2 weeks for annual preventive services and 1-2 days for problem visits. To

accommodate patients, THG, CWC, and MCHC offer walk-in visits; a patient portal for

patient use in making appointments and viewing lab results; and bilingual staff.

c. Adolescents

Historically, teen pregnancy has been an obstacle in Texas to teens reaching their optimal potential. Texas has the 5th highest pregnancy rate among states and according to the Office of Adolescent Health, 5th highest birth rate for teens aged 15-19.⁵ Of all births to females under 20 years of age, 21% of Hispanics have the highest repeat birth rate, followed by 20% of Non-Hispanic-Blacks and 16% of Non-Hispanic Whites. According to Guttmacher Institute, unintended pregnancy rate in 2010 was 56 per 1000 women aged 15-19 in 2011. Students who reported no sexual contact had a decrease in risk behaviors below national and state averages. In addition to providing voluntary, non-coercive family planning and related health services to adolescents, Title X family planning staff are in place to facilitate conversations between teens and their parents, help teens avoid the negative consequences of sex, including pregnancy and STDs, while being available to encourage long term goals for education and healthy monogamous relationships. In all service areas, THG, CWC, and MCHC has cultivated interactive relationships with local community partners, parents, coalitions and the community high schools. THG abstinence staff presents education on the negative results of STDs during high school health classes.

⁵ (Texas Adolescent Reproductive Health Facts, 2015)

STD presentations by family planning staff complement the abstinence-based “Austin LifeGuard” that is provided to local high schools, youth detention centers and onsite.

d. Men and Women of Reproductive Health Age in Need of Preventive Health Services

Low birth weight and infant mortality are the result of many factors, including the health of the mother, prenatal care, quality of health services delivered, and child and infant care.

Chlamydia is especially a concern, as it may lead to preventable and costly health outcomes, such as pelvic inflammatory disease, ectopic pregnancy and infertility. Low birth weight and infant mortality may be prevented by addressing health issues, such as obesity, tobacco/alcohol/illicit drug use, and undiagnosed or poorly controlled maternal medical conditions. Chlamydia can be detected and treated with routine, age-based screening per national standards. Providing reproductive life planning, recommended health screenings and health education for men and women of child-bearing age is imperative to improve reproductive health outcomes in Texas.

e. Women Without Access to Breast and Cervical Screening

Breast cancer is second only to lung cancer in cancer deaths among Texas women.⁶ Rates of new cases of late stage breast cancer, 1980 – 2014, are 43.3% compounding efforts for treatment and cure. Early detection lags, as evidenced by the fact that 34% of Texas women and 33% of women over age forty years have not had a mammogram in the past two years. As early detection saves lives, it is essential to increase breast and cervical cancer education and screening services to low-income women throughout Texas.

⁶(Texas Oncology, 2019)

2. Proposed Projects Addresses the Family Planning Needs of Population to be Covered

Services would be available to those living in the area and those from 3 counties who work, do business or seek resources in our communities. Per the needs assessment, there are 219,950 individuals 18-44 years of age living in the service areas whose income falls below the FPL. This project proposes to reach those in this age group who due to being uninsured or having Medicaid are unable to get appointments in a timely manner with the limited availability of providers in our communities. This project does not seek to reach those that may already have established medical care in our communities.

(APPENDIX A: SERVICE AREA MAP)

3. Experience in the Particular Service Area and the Particular Communities to be Served

Experience in Particular Area

THG, CWC and MCHC have 66 years combined experience providing clinical, educational, social, and referral services relating to family planning services in 53 urban/suburban and rural counties in Texas.

The agencies are specially trained and qualified with the capacity to deliver high quality, culturally competent family planning service throughout the service counties, providing a broad range of core family planning service (Core family planning service as described in Funding Announcement).

Experience with Particular Community to be Served

Projected service sites are centrally and conveniently located within their communities. Service sites are already offering high-quality family planning and other preventive health services to



low-income and/or uninsured individuals. Per 42 CFR 59.5(4), services are provided without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status. All family planning sites are in buildings handicap accessible per the Americans with Disabilities Act.

Bilingual Services

Staffing at all clinical sites is representative of the target population and sensitive to Title X Program Requirements 8.5.2. The management assistants who act as front-line medical receptionists represent the ethnicity of the population served and are available for translation and interpretation services. Each service site employs as medical staff bilingual in English and Spanish. All essential paperwork, including demographics and consent forms, authorization for release of information, the Notice of Business Practices, complaint forms, and educational materials are available in both English and Spanish. The program has a Limited English Proficiency (LEP) policy that is reviewed by staff upon hiring and annually thereafter. Access to a language line allows for the ability to serve populations that speak other languages. Policies and training include attention to cross cultural interactions, provision of nondiscriminatory services and culturally sensitive written materials.

4. Organizational Capacity and Qualifications/Experience Providing Family Planning and Related Preventive Health Clinical Services

- Contracted Medical Consultant, Patrick Nunnelly, M.D., is a board-certified Obstetrician and Gynecologist contracted to provide medical consultations in the form of medical policy, medical review and approval. Dr. Nunnelly consults with THG on medical



questions and/or individual medical issues. Dr. Nunnelley has serviced a THG medical consultant for the past year.

- Title X Contracted Medical Consultant, William Biel, M.D., is board-certified in family practice. Dr. Biel is contracted to provide medical consultations in the form of Title X medical policy, medical review and approval. Dr. Biel consults with THG on medical questions and/or individual medical issues.
- Contracted Medical Consultant, Eliseo Rivera, M.D., MBA, FACOG is board-certified in Obstetrics and Gynecology and a Certified Professional Coder. Dr. Rivera is contracted to provide medical consultations in the form of medical policy, medical review and approval. Dr. Rivera consults with MCHC on medical questions and/or individual medical issues.
- QA/QI Trainer/Supervisor, RN, Ronda Schultz provides ongoing clinical consultation regarding client management issues and implementation of clinical guidelines to THG and subrecipient staff. Ms. Schultz directs quality assurance activities, conducts subrecipient client training, conducts clinical site visits, and review THG/ subrecipient medical records to evaluate appropriateness of medical care and adequacy of documentation. This position develops clinical policies and protocols for the clinical manual to meet Title X requirements as described in quality family planning to assure compliance with federal regulations for the Title X program. Supervises medical staff in coordination with clinic director.
- Clinical Director, Mariah Herrera, directs daily operations of Heidi Clinic supervising medical services. As director, Mrs. Herrera has the overall responsibility for planning, development, management, administration, and evaluation of programs. Mrs. Herrera



formulates policies, procedures, goals, objectives, and authorizes program activities, expenditures, and performance reports.

- Chief Operating Officer, Leslie Willkom, provides program direction, monitors grant objectives, programmatic activities, prepares program budgets, grant writing, and performance reports. Mrs. Willkom oversees the determination of program strategic direction, processes, methods of operation, guidelines and tools.
- Chief Executive Officer, Carol Everett, carries the ultimate job responsibility for THG. Mrs. Everett reports to the Board of Directors. Implements board policies and procedures and directions, strategic planning and fundraising. Mrs. Everett is responsible for the strategic direction of the company, creating the organization's culture entering into agreements/contracts and business development. Mrs. Everett prepares the company's budget and reviews appropriate salaries and benefits for staff.
- Michael Austin, PhD, is the CEO of Midland Community Care Services. Mr. Austin has 18 years of experience in professional executive positions involving various fields such as medical, engineering, construction management, contracts, public and media relations, marketing, environmental, and government affairs. Mr. Austin carries full responsibility for the performance of MCHC as a FQHC.
- Mrs. Marilyn Gregory, RN-C, WHCNP-BC, is the CEO, and Nurse Practitioner of Community Wellness Clinic. Mrs. Gregory's professional certifications include Registered Nurse, Advanced Practice Nurse, certified as a Women's Health Care Nurse Practitioner and certified in Colposcopy.
- Chabacana Maxwell, RN, MSN, FNP-BC, is a board-certified family nurse practitioner with 15 years' experience in family planning and comprehensive health care.



- Corey Tabor is the Abstinence Director, responsible for formulating policies, procedures, goals, objectives and contracts with schools, program activities, budgets and expenditures and reports for the abstinence outreach. Mr. Tabor is responsible for hiring and supporting abstinence educators/staff. APPENDIX F: RESUMES
- Social workers and Patient Navigators conduct a needs analysis on each patient to determine appropriate programs. Assistance is provided in areas of housing; Womens, Infants, and Children (WIC) services; onsite enrollment in Title X; Medicaid; and or social and health programs.

Additional Services Available to Title X Patients

THG, CWC, and MCHC has network services for clients within our organizations. Assistance is available in areas of housing, workforce readiness, employment and Women, Infants and Children (WIC) services, onsite enrollment and education for public health insurance; and education and referrals for private health insurance. THG abstinence staff are included in presenting education on the negative results of STDs during high school health classes. STD presentations by family planning staff complement the abstinence-based “Austin LifeGuard” that is provided to local high schools, youth detention centers and onsite. THG, CWC, and MCHC are smoke-free workplace and promotes the prevention/cessation of tobacco products.

Infrastructure Development and Maximizing Use of Non-Federal Funds

According to Family Planning Annual Report: 2017 National Summary, 90% (3.6 million) of users had family incomes that qualified them for either proposed scheduled discounts or no-charge services. Sixty-seven percent (2.7 million) of users had family incomes at or below 100% or poverty, 23% (931,795) had incomes ranging from 101% to 250% of poverty, and 7%



(277,975) had incomes over 250% of poverty. Family income data were unknown or not reported for 3% (128,565) of users.⁷

THG, CWC, and MCHC have been in the forefront of using an electronic health record (EHR) and billing for public health services in Texas. A laboratory interface allows for the electronic submission and receipt of laboratory tests. Subrecipient site EHRs also have encounter level FPAR reporting capabilities that will be utilized exclusively for FPAR reporting. EHRs are designed with tiered security assigned when an employee is granted access to the system.

Programming features restrict employees access to the areas of the EHR deemed unnecessary for job performance. Subrecipients are enrolled in a health information exchange HEITexas for a seamless exchange and retrieval of patient medical record data.

Medical records and patient information are handled in a confidential manner. Annual training and review policies occur on Confidentiality, HIPAA and security of electronic information.

Subrecipient staff is required to review and sign a “Confidential Information User Agreement” when assigned email and EHR access. HIPAA Business Associate agreements are active.

We are responsible stewards of federal dollars. THG, CWC, and MCHC utilize multiple revenue streams to minimize the need for and use of federal funding while sustaining our safety net public health, family planning and reproductive health program. Federal funds are requested and utilized only when non-federal funds fall short of operational needs.

Personnel and Oversight

Per 42 CFR 59.5 (b)(6) and Program Guideline 8.5.2, subrecipients’ Title X Family Planning Program will be overseen by physicians who are board certified in Obstetrics and Gynecology and Family Practice.

⁷(Fowler, (2018, August))



South University, Purdue University Global, and Virginia College utilize THG as a clinical training site for undergraduate nurse practitioners seeking a bachelor's degree and medical billing and coding students seeking certification.

Staffing at subrecipient sites consists of executive professionals with 18 and 25 years of experience, combined 66 years' experience, Women's Health Nurse Practitioner with 30 years' experience, chief nursing officers, RN, BSN, MD, MBA, and FACOG.

Clinical staff is trained in and complies with the regulations governing grants for family planning services (42 CFR part 59, subpart A) and follows all requirements regarding the regulations, statutes, and provision of family planning services under Title X of Public Health Service Act, 42 U.S.C. 300 et seq.

Policies and Procedures

Per Title X Program Guidelines 8.5.1 and 9.6, all clinical sites operate under clinical and administrative policies and procedures. Policies and procedures are updated annually by the Clinical Directors, along with clinical staff, based on current practice recommendations. Updated policies and procedures are reviewed and approved by the Medical Directors of each subrecipient site. Clinical staff also review and sign off on the policies.

Family Planning Methods Offered

Per 42 CFR 59.5(a)(1) and Program Guidelines 9.8 and Program Priority 1, this project ensures that a broad range of family planning methods include: education and support related to abstinence, fertility awareness based methods (FABM) and the lactation amenorrhea method (LAM); condoms, diaphragm fit provision: combined-oral



contraceptive pills; progestin-only contraceptive pills; 3-month hormonal injection; vaginal ring; and long-acting methods which include intrauterine and implantable devices.

All services are available, to adolescents as well, with emphasis on counseling that communicates the risks with pregnancy and STDs, the benefits of abstinence, delaying sex, or returning to a sexually risk-free status and encourages family participation in the adolescents' healthcare decisions. APPENDIX D: LIST OF SERVICES, TEST, and FP METHODS.

Pharmacy and Laboratory Services

Subrecipient sites participate under the 340BCooperative Purchasing Program and participate in the prime vendor program. This program allows subrecipient sites to obtain optimal pricing for family planning methods.

THG, CWC, and MCHC have onsite CLIA waived testing includes urine pregnancy testing, blood glucose monitoring, anemia screening, rapid HIV testing, and urine analysis. Specimens are also collected and sent to outside laboratories for analysis. These tests may include cervical cancer screening, HPV testing, Hepatitis B, C. Chlamydia and other sexually transmitted diseases, lipid panel, and HIV confirmatory testing.

Emergencies

Staff is trained to handle clinical emergencies. Policies and procedures address vasovagal reactions, anaphylaxis, syncope, cardiac arrest, hemorrhage and respiratory difficulties, all of which enable staff to contend with a wide range of potential emergencies.

Subrecipient sites have an automated defibrillation unit and oxygen available. Clients are referred to the local urgent care or emergency department, when necessary and for after-

hours emergencies.

5. Evidence of Familiarity with and Ability to Provide Services

The environment in which we live, work, learn, and play can have an enormous impact on health outcomes. Thus, addressing people's physical, social and economic environment can encourage healthy behaviors and improve health. Providing a wide-range of related preventive health services supports families in making healthy choices.

Family Planning and Related Health Issues

THG, CWC, and MCHC prioritize family planning and related preventive services in accordance with Title X Program Guidelines and Program Priorities. Per Priority #1 and Program Requirement 9.1, 42 CFR 59(a)(6) services in this project are prioritized towards low- income adolescents, individuals, and families. Family planning and related preventive health services provided in this project proposal include non-hormonal contraceptive services, hormonal family planning services, pregnancy testing, basic infertility services, STD services and preconception health. Other related preventive health services include breast and cervical cancer screening and colposcopy. Service provision at subrecipient sites is based on nationally recognized standards of care that include CDC, The U.S. Preventive Task Force, and the American College of Obstetrics and Gynecologists (ACOG).

Sourced policies and procedures outline practice to establish consistency and accuracy across project service sites. Per 42 CFR 59.5(a)(2), Title X Program Requirement 8.1, 9.9 and Program Priority #3, all services are provided to clients on a voluntary, client-centered and non-coercive manner without any eligibility prerequisite requirements. Staff acknowledges in writing annual education that they are aware that all services



must be voluntary and free of coercion.

Sexual Health Assessment

Assessment of clients' sexual health history follows guidance in the US Department of Health and Human Services CDC, "A Guide to Taking a Sexual History". The assessment is incorporated into an initial visit, annual preventive health exams and whenever a client presents with symptoms consistent with a potential sexually transmitted disease. Five areas are addressed that include: partners, practices, protection from STDs, history of STDs and prevention of pregnancy. The goal of a sexual risk assessment is to lead to client-centered discussions that promote positive family relationships, family participation and healthy decision making as well as education and counseling that prioritize optimal health as outlined in program priority #2.

Family Planning Services

As part of a family planning visit, staff establishes rapport, collects and assesses clinical and social information that includes a client medical history, reproductive life planning assessment, and sexual health assessment. Standards of medical eligibility for family planning are evaluated by staff based on a client's medical history. Clinical staff then facilitates an interactive session of client experiences and preferences. Staff assesses and educates clients related to STD, HIV, intimate and sexual partner violence, and substance use behaviors. Physical assessment and laboratory testing are recommended and performed based on nationally recognized standards. Per 42 CFR 59.5(a)(1) and Program Guidelines 9.8 and Program Priority #1, this project ensures that a broad range of family planning methods to include: education related to abstinence.



FABM and LAM, condoms, diaphragm fitting and provisions, cervical cap, combined-oral contraceptive pill, progestin-only contraceptive pills, 3-month hormonal injection, vaginal ring, and long-acting methods which include intrauterine and implantable devices. During counseling a client will: (a) be informed of method risk, side-effects and on how to discontinue the method selected, if needed, and (b) discuss and plan a return schedule.

Clinical staff confirms client understanding of education. Services are provided while ensuring a client confidentiality throughout all areas of the patient visit from check-in through service billing. Per 42 CFR (5), abortion is not provided as a method of birth control. No project service site performs abortions. (Previously Noted – APPENDIX D: LIST OF SERVICES, TESTS, and FP METHODS)

Sacred Heart Community Clinic is a resource in fertility awareness-based methods. They are included in our grant application budget for the provision of staff training and technical assistance for outreach efforts. APPENDIX B: LETTERS OF COMMITMENT

Pregnancy Testing and Counseling

Per Title X Program Requirement 9.9. service sites in this project provide pregnancy diagnosis and counseling services. During a pregnancy assessment, staff establishes rapport, assesses clinical and social information that includes a client medical and sexual health history, and reproductive life planning. Staff assesses and educates clients related to STDs, HIV, intimate and sexual partner violence, and substance use behaviors. Health screening is offered and based on nationally recognized standards. At this time counseling is based 42 CFR 59.5(a)(S)(i)-(ii) and Program Guideline 9.11. Information and discussion is provided in a neutrally factual manner without coercion into a specific course of action or decision. Education encourages optimal health and includes gestational age, prenatal



FABM and LAM, condoms, diaphragm fitting and provisions, cervical cap, combined-oral contraceptive pill, progestin-only contraceptive pills, 3-month hormonal injection, vaginal ring, and long-acting methods which include intrauterine and implantable devices. During counseling a client will: (a) be informed of method risk, side-effects and on how to discontinue the method selected, if needed, and (b) discuss and plan a return schedule. Clinical staff confirms client understanding of education. Services are provided while ensuring a client confidentiality throughout all areas of the patient visit from check-in through service billing. Per 42 CFR (5), abortion is not provided as a method of birth control. No project service site performs abortions. (Previously Noted – APPENDIX D: LIST OF SERVICES, TESTS, and FP METHODS)

Sacred Heart Community Clinic is a resource in fertility awareness-based methods. They are included in our grant application budget for the provision of staff training and technical assistance for outreach efforts. APPENDIX B: LETTERS OF COMMITMENT

Pregnancy Testing and Counseling

Per Title X Program Requirement 9.9. service sites in this project provide pregnancy diagnosis and counseling services. During a pregnancy assessment, staff establishes rapport, assesses clinical and social information that includes a client medical and sexual health history, and reproductive life planning. Staff assesses and educates clients related to STDs, HIV, intimate and sexual partner violence, and substance use behaviors. Health screening is offered and based on nationally recognized standards. At this time counseling is based 42 CFR 59.5(a)(S)(i)-(ii) and Program Guideline 9.11. Information and discussion is provided in a neutrally factual manner without coercion into a specific course of action or decision. Education encourages optimal health and includes gestational age, prenatal



care and social services referrals, folic acid / prenatal vitamins, substance use, medication contraindications and dietary and exercise recommendations. Community referrals are provided as indicated by patient identified need. Per Key Issue #3, local faith-based agencies are included on the referral list to support those who are pregnant. These local faith-based agencies will respond to the needs of the mother-to-be through mentorship, emotional support and resource access. In women whose pregnancy testing is negative, reproductive life planning and family planning education is offered.

Basic Infertility Services

THG, CWC, and MCHC utilizes the Family Planning National Training Centers Check List in implementing basic infertility services. Women and men seeking pregnancy are provided a medical history, sexual health assessment, and reproductive life planning and counseling. For women, physical examination may include height, weight, blood pressure, clinical breast and pelvic exam including a pap, a review of signs for androgen excess, and a thyroid examination. For men, physical examination may include height, weight, blood pressure and genital exam.

Personal Family Planning, Fertility and Reproductive Life Plan

Incorporating Title X Program Priority #1, reproductive life planning is initiated with male and female patients of child-bearing age. Reproductive life planning assessment and health addresses an individual's physical, emotional and social health needs while providing resources to reach optimal health outcomes. A medical and social history guides testing, and education recommendations and provision. Providers screen, educate and refer related to height, weight, body mass index, blood pressure, intimate partner violence, substance



use and abuse, immunizations, depression and diabetes. Clinical staff is trained and use a nationally recognized brief intervention for tobacco cessation.

Health Screenings – Sexually Transmitted Disease Services

Utilizing the 2015 CDC Sexually Transmitted Disease guidelines, clinical staff assesses, screens, treats, and provides behavioral counseling for chlamydia, gonorrhea, syphilis, HIV, and Hepatitis C. Project service sites utilize 4th generation Rapid HIV testing with confirmatory testing for any positive result. Clinical staff receives training on HIV counseling and testing, and HIV pre and post-test education and counseling. Clinical staff receives thorough training on STD sample collection. Trained medical staff provides counseling and treatment. Per CDC and U.S Preventive Services Task Force, clients <25 are screened for Ct. Clients of other ages are offered testing based on risk. Attempts to reach clients with positive results are made on the day the lab results are received and reviewed to arrange for immediate treatment and recommended follow-up. As required by state statute, physicians, laboratories and hospitals are required to report positive STDs from a quad county area to the county health department.

Clients may use the patient portal to access test results and his/her convenience.

Health Screenings – Related Preventive Health Services

In addition to reproductive health services, related preventive health services may be offered based on currently recommended national standards for reproductive health of our family planning clientele. These services include: cervical exams with follow-up procedures for abnormal Pap smears and clinical breast exams with a referral program for screening mammography, as well as diagnostic screening of a palpable breast mass.



Medical Staff utilize protocols adopted from the American Society for Colposcopy and Cervical Pathology (ASCCP) for follow-up of abnormal pap smears. Additionally, THG, CWC, MCHC provide colposcope diagnostic services per sliding fee scale. Adolescent male's genital examinations may be provided for purposes of documenting normal growth and development, signs of STDs, and other abnormal or normal findings.

Adolescents

Adolescents are often faced with uncertainty, ambivalence, and anxiety about making sexual health decisions. Staff is objective and sensitive to clients' individual differences and strives to create an environment in which they are comfortable discussing very personal information. Per 42 CFR 59.5(a)(2), individuals are not coerced to accept services or to employ or not employ any method of family planning. Staff provides non-coercive counseling, so teens can reach a voluntary informed decision that reflects their individual needs. Communication is encouraged, and facilitation offered related to parental, familial and/or legal guardian involvement in decisions related to family planning services as outlined in Program Priority #6. Per program priority #5, staff reviews with each adolescent state law related to abuse reporting, human trafficking, child molestation, intimate partner violence, incest and sexual statutory seduction.

Per Program Priority# 5, staff assists teens in identifying and learning skills for resisting coercive tactics for engaging in sexual activity. Adolescent clinical services are consistent with medical practice standards and include annual preventive health check-ups, STD testing and treatment, depression screening, counseling regarding substance use effects on impaired decision making, avoiding sexual risk, the risk of pregnancy and STDs and



returning to a sexual risk-free state. Charting in the EHR captures all pertinent and required documentation.

Adherence to State laws regarding Child Abuse Reporting

Per Program Priority# 5, staff receives annual education and follows Texas's laws, related to mandatory abuse reporting. Texas law requires anyone with knowledge of suspected child abuse or neglect to report it to the appropriate authorities. Texas law broadly defines "abuse" and "neglect" so that every action in which a child's physical or mental health or welfare has been or may be adversely affected is potentially covered. Section 261.101 of the Texas Family Code mandates that anyone who suspects child abuse or neglect must report it immediately. The report may be made to (1) any local or state law enforcement agency; or (2) the Department of Family and Protective Services.

THG, CWC, and MCHC have policies regarding Child Abuse and Neglect Policy and Human Trafficking. These policies address the laws and reporting requirements for child abuse, neglect, child molestation, sexual abuse, and rape and incest, as well as human trafficking. During orientation, and annually thereafter, new clinic staff is required to receive training that reviews these protocols, and policies and procedures.

Counseling Techniques for Teens – Family Participation and Resistance Skills

THG staff will be presenting education on the negative results of STDs during high school health classes. STD presentations by family planning staff complement the abstinence-based "Austin LifeGuard" that is provided to local high schools, youth detention centers and onsite. Per Program Priority #2 and #6 and Key issue #5 and # 6, THG will engage staff at the primary and subrecipient family planning sites in education regarding teen developmental issues and current trends to recognize why an adolescent might resist



engaging parental/familial support and what might be the learning needs or barriers to teens avoiding sexual risk or maintaining and/or returning to a sexually risk-free state. Staff will use open-ended questions with teen clients to assess family dynamics and relationships as well as perceptions the teen may have regarding barriers of seeking parental involvement. Staff will utilize open-ended questions to explore resistance to delaying sex or returning to a sexually risk-free state. As clinical time allows, staff will incorporate experiential activities such as role play to model an interpersonal relating skill building exercises. Then staff and teens can debrief the exercises and identify how the teen anticipates trialing a conversation at home and within their current sexual relationship.

Staff will facilitate a conversation with the teen to identify a trusted adult family member that they can discuss health matters with and ask the teen to have a conversation with this adult as a "practice" for how he/she might approach a parent/guardian. Together, the staff and teen identify one goal and/or action the teen would enlist between clinical visits. Staff will inform the client that staff is available to facilitate any conversation the teen may need assistance in undertaking.

Counseling Techniques for All Clients that Encourage Family Participation

Per Program Priority#2 and working off the model expressed in in the previous paragraphs. Staff will use open-ended questions with all clients to understand family dynamics and relationships as well as perceptions regarding barriers to seeking familial participation in sexual health and general health matters. Using techniques such as the "Empty Chair Technique" - a partner may express his or her feelings to a sexual partner/spouse/family



member (empty chair), then play the role of the spouse and carry on a dialogue. This technique facilitates communication skills. Together, the staff and client can identify one goal and/or action that the client feels will lead to his or her optimal health between clinical visits. Project staff will inform the client that staff is available to facilitate conversations with families or partners as needed.

6. Proposed Schedule of Discounts

Sliding Fee Schedule and Client Intake

This project will operate under a schedule of discounts that complies with 42 CFR 53.5(a)(7)-(9). At check-in, a financial screening process occurs. Clients are asked questions regarding household income, household size, and third-party payers during the check-in process and annually thereafter. Household income and household size are then verbally verified by our patient navigators and the poverty level is determined.

Clients are assessed to determine if they have a third-party, such as Medicaid or private insurance. Each client is then ascribed a tiered schedule of discounts in accordance with FPL.

The methodology used to calculate the fee schedule is based on a cost analysis study that is updated every 3 years. THG, CWC, and MCHC utilize the cost analysis that can be found at the Family Planning National Training Center's website www.fpntc.org.

A tiered system establishing fees for those whose income falls above 251% of the FPL decrements in the following categories 250%-201%, 200-151%, 150-101% and <100%. Each tier discounts charges by 250% from the top tier schedule until reaching a zero-charge category for those below 100% of the FPL. The sliding fee schedule is maintained according to the FPL and is used to determine the client's financial category. Minors seeking confidential services are assigned a schedule of discounts based on a household size of one and the



minor's separate income. APPENDIX G: TITLE X SCHEDULE OF DISCOUNT POLICY
AND PROCEDURE

If a client does have a third-party payer, charges are calculated at full fee and reimbursement is sought through the third-party payer (42 CFR 59.5(a)(9)). A client is not charged more than they otherwise would be charged based on his/her tiered discount when co-pays, deductibles, or additional fees are required. Clients are made aware of the total cost of services and the amount that is due at end of each visit. A client without third-party payer and with a documented income below 100% of the FPL (42 CFR 59.5(a)(7), will have a zero charge for services following the discount. Uninsured self-pay clients with incomes above 100% FPL ((42 CFR 59.5(a)(8) have tiered balance and are unable to pay at the time of service, a statement is issued for future payment. Unemancipated minors seeking confidential services will be eligible for discounts based on the income of the minor (42 CFR 59.2). Family planning and related preventive health service are provided without conditions and never denied to any client for inability to pay regardless of income level (42 CFR 59.2). Client confidentiality is maintained when billing and collecting outstanding balances. All charges that have been outstanding for more than 3 months are written off. Each billing statement is addressed to the client only and can be mailed to an alternate address at the client's request. The client may also elect to have no written correspondence. Payments received by phone, via mail, or by the third-party medical billing company are recorded in the patient EHR.

7. Proposed Services in Accordance with Title X Statute, Program Regulations Legislative Mandates, Program Guidelines and Program Notices

All clients seeking services with this project are guaranteed they can do so on a voluntary basis while being treated with the greatest respect regardless of religion, race, color, national origin,



disability, age, sex, number of pregnancies, or marital status (42 CFR 59.5 (a)(3)(4)) and

Program Guidelines 8.1, 9.2, and 9.3

In this application are programmatic requirements 42 CFR 59.5 (a)(1)(2)(3)(4)(5)(6)(7)(8)(9):

1) a broad range of acceptable and effective family planning methods; 2) services on a voluntary basis without coercion; 3) protection of the dignity of the individual; 4) nondiscrimination and culturally competent staff representative of the community served; 5) service sites do not provide or coerce abortions; 5a) pregnancy information and counseling services; 6) prioritization of services to low-income individuals; 7) a schedule of discounts; and no charge to qualifying low-income; 8) third-party billing persons policies and procedures sourced to national standards of care; 9) familiarity with abuse reporting laws; 10) adolescent counseling that incorporates family participation; 11) education and skills for resisting sexual coercion and abuse reporting; 12) confidentiality safeguards; and 13) programmatic supervision by a physician trained and experienced in family planning. THG has also outlined per 42 CFR 59.5(b)(1), THG, CWC and MCHC have made provision for prescription and laboratory testing. Each of these items specifically addressed in the application establishes evidence that statutes, guidelines, and legislative mandates will be adhered to within this project.

Further evidence of the operationalization of statutes, guidelines, and legislative mandates within the proposed service provision will also be found in the project work plan. Project service sites have information and education that is representative of age, race, color, national origin, handicapped condition and sex of clients to be served in the communities for which the materials are intended per 42 CFR 59.6 (b)(2). The committee approves all educational materials utilized under this project, after it is determined that is factually correct, meets the educational and cultural make-up of those who will be using the material, and is appropriate for the population



served. THG has an established advisory board that broadly represents the population served and participate in the development, implementation and evaluation of the family planning project.

The committee will review the Title X work plan and provide feedback on new ideas, items specific to the needs of their community and ways of facilitating community awareness of the project.

THG, CWC, and MCHC is aware of and follows 42 CFR 59.5 requirements for voluntary informed consent for sterilization in competent individuals who are at least twenty-one years of age. This project makes referrals but does not perform or arrange for sterilization. Annually, staff receives education and signs off that they are aware of the requirements for voluntary informed consent for sterilization.

8. Evidence Funds Will Not be Used for Abortions

Neither THG, Community Wellness Clinic, nor Midland Community Healthcare Clinic provide abortion services and no organization will utilize Title X Grant Funds to provide or facilitate abortion services. Staff members shall not engage in activities which promote, encourage, or directly facilitate abortion as a family planning method. Staff will review and sign off on policy indication their agreement to comply.

9. Separation of Title X Project Activities and Finances

Subrecipients are required to adhere to Internal Control Procedures set in place by each Finance Department. These procedures provide reasonable assurance regarding the safeguarding of assets against loss from unauthorized use or dispositions and the reliability of financial records for preparing financial reports that demonstrate compliance with applicable laws and regulations. The annual budget, which includes individual grant budgets, serves as the financial plan for the department's programs and activities. The



budgets are reviewed and approved by the Board of Directors.

The budget is then integrated into the financial system for monitoring and control. Each individual grant is assigned a separate cost center identification number. Each individual revenue source has a series of accounts that separate personnel, operating, travel, training, contractual, equipment, professional services. Program revenue is also separated into differing cost centers and identified at the time of receipt according to the program that generated the revenue. In-house spreadsheets organized by cost centers are used to separate operational expenses and are retained as supporting documents. Grant expenses, approved for payment, are validated as meeting Title 2 CFR 200 for cost eligibility. In addition, no costs are charged to a grant that are not approved as meeting the individual grant parameters, as specified in the applicable Notice of Grant Award. Policies outline the specific procedures used to access subrecipient's accounting system to secure recorded grant expenditures. Per 42 CFR 59.5 (b)(7), all services purchased for project participants are authorized by the Title X Manager or designees. Purchases made by the subrecipient sites are authorized by the program supervisor following budget approval by THG. A separation in duties exists for purchasing, receiving and accounts payable.

Financial Audit

The Comprehensive Annual Financial Report (CAFR) is prepared annually in accordance with the auditing standards generally accepted in the United States, and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. The financial statements are the responsibility of and are compiled by Obria.

10. Community Information and Education Plan

42 CFR 59.9(b)(3) this project "provides for informational and educational programs designed to-- (i) Achieve community understanding of the objectives of the program; (ii) Inform the community of the availability of services; and (iii) Promote continued participation in the project by persons to whom family planning services may be beneficial." Subrecipients utilize local radio, television and social media to educate the public regarding pertinent health issues and to inform the public about available services. THG has an annual marketing plan that utilizes national health observance days and months to guide content. This plan is outlined for the content of 52 weekly educational newspaper articles and 260 week-day social media posts. The marketing plan is updated every year and previous plans document topic areas and platforms utilized. All specific community education content is archived in a shared computer drive. The sub recipient site utilizes social media to inform and educate the community regarding available services.

Subrecipient staff participates with local community-based coalitions that include:

- Other health nonprofits
- Pregnancy resource centers
- Churches

These coalitions aid in reaching low-income, Hispanic, African-American, and White populations in our communities.

11. Information and Education Advisory Committee

The committee is made up of participants that utilize the family planning preventative health services at all site locations. The staff will review for reading level and culturally sensitive content, the medical provider will review for factual accuracy. The committee will allow community members to participate in the program's mission, assisting with the development, implementation and evaluation of the family planning program.

12. Evidence that Title X Priorities and Keys are Addressed in Project and Goals and

13. Outcome Objectives APPENDIX: E: WORKPLAN

Goals, objectives, activities, and evaluation will occur at all clinical site locations. Any use of THG in this work plan is intended to include both CWC, and MCHC

Goal 1: To provide client-centered, voluntary and non-coercive, quality family planning and related preventive health service in accordance with 42 CFR 59.5 and nationally recognized standards of medical care, with an emphasis on low-income and other vulnerable populations of the project's fifty counties in Texas to reduce unplanned pregnancy, prevent reproductive complications, and promote optimal health and wellness.

Objective 1.1: From April 1, 2019 – March 31, 2020 this project will provide client-centered, voluntary and non-coercive, schedule of discounted core family planning services to 15,200 unduplicated low-income clients (5,200 THG, 5,000 CWC, 5,000 MCHC) with a 5% increase annually through 2022 as supported by adequate funding. At least 70% of participants will have an income of <100% of FPL.

Activities in Action Plan: Services will be available to 5,200 at THG, 5,000 at CWC, and 5,000 at MCHC in project year 1, (Total 15,200); 5,460 at THG, 5,250 at CWC, and 5,250 at MCHC in project year 2, (Total 15,960) and 5,733 at THG, 5,513 at CWC, and 5,513 at MCHC in project year 3, (Total 16,759).



- Walk-in or same day appointment available for all clients including adolescent clients.
- A broad range of family planning methods, including abstinence, barrier methods, fertility awareness methods, intrauterine devices, implants, pills, excludes abortion services.
- Quick start of any applicable family planning method per best practice standards.
- Provision of Basic Infertility Services
- Public/private insurance billing to maximize federal resources – cost centers to identify and separate finances.

Time Frame / Result / Evaluation: Client totals based on age, race, and income; will be retrieved from activity reports available via the EHR and reported for the mid-year progress report, annual progress report and FPAR. Annual progress reports will be submitted within 90 days of the close of the project period March 31, 2020 and annually thereafter. Initial FPAR report completion for calendar year 2020 will occur by 90 days after contract year completion, by April 30, 2020 and annually thereafter.

Responsible Entity: Director of Health Data, Fiscal Analyst

Objective 1.2: From April 1, 2019 – March 31, 2020 this project will provide client-centered, voluntary and non-coercive, schedule of discounted core family planning services to 15,200 low-income clients (5,200 THG, 5000 CWC, 5,000 MCHC). Per the CDC's 2015 STD Treatment Guidelines, THG, CWC, and MCHC will screen 90% of women <25 years of age for Chlamydia and 90% of individuals for HIV. Per Healthy People 2020, C-15 and C-17 the proportion of women receiving cervical cancer screening will reach 93% and the proportion of women receiving breast cancer screen will reach 81% per medical standards.



Activities in Action Plan: Services will be available to 5,200 at THG, 5,000 at CWC, and 5,000 at MCHC in project year 1, (Total 15,200); 5,460 at THG, 5,250 at CWC, and 5,250 at MCHC in project year 2, (Total 15,960) and 5,733 at THG, 5,513 at CWC, and 5,513 at MCHC in project year 3, (Total 16,759).

- Client counseling and education regarding risk of STD and HIV, Annual Ct testing to women <25 years old, and HIV Prevention education, counseling, testing and referral per the CDC's 2015 STD Treatment Guidelines.
- Breast and cervical cancer screening per the U.S. Preventive Task Force and ACOG.
- Public and private insurance, mobile mammogram, vaccination and dental vans, food and diaper banks, WIC, and faith-based nonprofits to maximize federal resources.
- Active referral, appointment scheduling and follow-up for clients with identified health issues utilizing primary care and MOU and process.

Time Frame / Result / Evaluation: Client totals based on age, race, and income; will be retrieved from activity reports available via the EHR and reported for the mid-year progress report, annual progress report and FPAR. Annual progress reports will be submitted within 90 days of the close of the project period March 31, 2020 and annually thereafter. Initial FPAR report completion for calendar year 2020 will occur by 90 days after contract year completion, by June 30, 2020, and annually thereafter.

Responsible Entity: Clinic WHNP, Clinic Director, Director of Health Data/Fiscal Analyst

Objective 1.3: THG will optimize quality service for all clients. THG, CWC, and MCHC will conduct ongoing quality assurance and improvement to include FPAR audits and an annual client satisfaction survey. Audits will reflect 90% of women <25 years for Chlamydia and 90%



of individuals for HIV testing per CDC's 2015 Treatment Guidelines. Satisfaction surveys will show satisfaction rate of at least 90% annually.

Activities in Action Plan: Implementation of Quality Assurance / Quality Improvement

- Perform 5 chart audits monthly per clinical site.
- Perform quarterly MU/FPAR audits and annual satisfaction survey.
- Bi-annual evaluation of clinic services based on chart audits, MU/FPAR data and satisfaction survey recommendations and findings by THG, CWC, and MCHC.
- Quality Improvement Committees.
- Initiate Improvement Team as needed upon evaluation.

Time Frame / Result / Evaluation: A minimum of 5 charts audits will be completed monthly beginning April 2019 through March 2022. MU Dashboard and Clinical Quality Measure Reports will be reviewed quarterly in 2109 and continue each project year through 2022. Patient satisfaction surveys will be conducted annually beginning April 2019 and annually through 2022. Tabulation of satisfaction survey data will be completed by July 2019 and annually through 2022. Survey data will be evaluated during November 2019 QI committee meeting and annually through 2022. This evaluation will include strategies to improve deficit areas and assign a lead staff member and improvement team for implementation once improvement strategies have been developed.

Responsible Entity: WHNP, QI Committee Members and Clinical Director

2019 Program Priority #1, #3, #4, #7 and #8; Key Issues #1, #2, #3, #4, #7, and #8: Assuring the delivery of quality family planning, infertility, and related preventive health services to improve overall health with priority for services to low-income families. Project offers a broad range family planning methods and related preventative health services tailored to the individual.



Ensure voluntary, client-centered and non-coercive services. Promoting the provision of primary care. Title X activities clear and distinct, ensuring abortion is not a family planning method. Use OPA performance metrics, regular performance of quality assurance and quality improvement activities. Efficiency and effectiveness in management and operations. Management and accountability for outcomes. Cooperation with community-based organizations. Meaningful collaboration with CWC and MCHC. Emphasis on voluntary natural family planning services. Data collection for use in monitoring and improving services.

Goal 2: To provide voluntary, client centered, non-coercive education and counseling to women and men of child bearing age, including adolescents applicable to family participation, healthy monogamous relationships, healthy decisions making relationship skills and education and counseling that prioritize optimal health and the benefits of avoiding sexual risk to all clients while assuring patient confidentiality and compliance with abuse reporting prevention.

Goal 2.1: To provide adolescent sensitive services and teen pregnancy prevention interventions with activities that do not normalize sexual risk behavior, with an emphasis on benefits of delaying sex to avoid sexual risk or returning to a sexually risk-free status, encouraging family participation and resisting coercion.

Objective 2.1: 90% of women and men of childbearing age seen at THG, CWC, and MCHC will receive screening, education and counseling related to family participation, healthy monogamous relationships and decision making, healthy relationships, education and counseling that prioritize optimal health and the benefits of avoiding sexual risk behavioral and risk-reduction education.

Activities in Action Plan:

- Annual Staff education related to abuse reporting laws: child abuse and molestation, sexual abuse, rape, incest, intimate partner violence and human trafficking.



- Monitoring staff compliance with reporting laws through chart audits identified in Goal 1.3
- Implement the National Resource Center for Healthy Marriages and Families integration strategies for Level 1: Basic engagement through brochures to clients and handouts in waiting room (project year 1); Level 2: Engaging community members that teach healthy relationships (project year 2 and 3).

<https://www.healthymarriageandfamilies.org/program-development>

With 90% of all clients', staff to engage:

- Annual Sexual Health Assessment
- Open-ended questions to understand family dynamics and relationships and to ascertain perceptions regarding barriers to seeking familial participation in sexual health and general health matters.
- Use of skills-based communication techniques (Empty Chair Technique) to identify one goal/action client feels can assist to optimal health.
- Facilitation of familial conversations as requested by client.

Time Frame / Result / Evaluation: Structured data field created in electronic health record by April 1, 2019. Structured data fields will be monitored and reported out per the Title X mid-year, annual, and final progress report requirement beginning April 1, 2019 – March 31, 2022, with a 5% increase for each project year through March 31, 2022.

Responsible Entity: WHNP, RNs, Clinical Director and Abstinence Director

Objective 2.2: THG, CWC, and MCHC will implement nationally recognized teen pregnancy prevention strategies to reduce unplanned pregnancy and improve family planning services to include health screenings, labs, and other related health services. Counseling and education will

assess and address participation of the family, parent or legal guardian in the decision to seek family planning services, abuse reporting laws, counseling and skills building to resist attempts coercing sexual activity, a review of the benefits of delaying sex to avoid sexual risk or returning to a sexually risk-free status on adolescent clients at least once annually and more often as needed based on the intake and repeat visit assessment.

Activities in Action Plan:

- Staff education concerning teen development issues, current trends and resistances to familial involvement and resisting coercive sexual activities.

With 90% of all adolescents' staff to engage:

- Implement science-based education / counseling techniques on the benefits of delaying sex to avoid sexual risk and/or returning to a sex free status.
- Implement science-based education / counseling related to familial participation in health and decision making and negotiation skills for resisting coercive sex.
- Facilitation of familial conversations as requested by clients.

Time Frame / Result / Evaluation: Structured data field created in electronic health record by April 1, 2019. Structured data fields will be monitored and reported out per the Title X mid-year, annual, and final progress report requirement beginning April 1, 2019 – March 31, 2022, with a 5% increase for each project year through March 31, 2022.

Responsible Entity: WHNP, RNs, Clinical Director, and Abstinence Director

2019 Program Priority #2, #5, and #6; Key Issues: #5 and #6: Assuring activities that promote positive participation, healthy decision making, education and counseling that priorities optimal health. Assure compliance with state laws regarding child abuse and molestation, sexual abuse, rape, incest, intimate partner violence and human trafficking. Participation of



families, parents, legal guardian in decision of minors to seek family planning and counseling to minors on how to resist coerce to engage in sexual activities. Meaningful emphasis on education and counseling related to healthy relationships, to committed safe, stable, healthy marriages. and benefits of avoiding sexual risk or returning to a sexually risk-free state. Adolescent activities that do not normalize sexual risk behaviors and communicates benefits of sexually risk-free state.

GOAL 3: Improve birth outcomes through the introduction of reproductive life planning.

Objective 3.1: 90% of women and men of childbearing age seen at THG, CWC, and MCHC will be introduced to tools for a personal family planning, fertility, and reproductive life plan to reproductive life planning and engaged in screening and behavioral risk reduction education and actively linked to primary care as needed to improve pregnancy outcomes and optimize overall health during each year of the project period.

Activities in Action Plan:

- Staff training on reproductive life plan and preconception policy and procedures.
- Assessment of the client's reproductive health plan and readiness for pregnancy.
- Screen for undiagnosed or known chronic health conditions or high-risk behaviors.
- Active referral, appointment scheduling and follow-up for clients with identified health issues.
- Assess for history of current intimate partner violence, depression and other mental health concerns.
- Facilitate social services and mental health referrals as outlined in Project Narrative.



- Provide physical exam, pap, STD/HIV screening per clinical guidelines.
- Provide prenatal vitamins to any woman considering pregnancy.
- Provide family planning per patient request.
- Client-centered education-pregnancy spacing, breastfeeding and risk-reduction behaviors.

Time Frame/ Result / Evaluation: Client totals for reproductive life planning will be retrieved via the EHR and reported for the mid-year, annual and final progress reports.

Annual progress reports will be submitted within 90 days of project year end date March 31, 2020 as required by grant guidelines, and annually thereafter through 2022.

Responsible Entity: WHNP, Clinic Director, and Director of Health Data/Fiscal Analyst

Objective 3.2: THG, CWC, and MCHC will assess 90% of all clients for tobacco and provide 90% of all tobacco users brief intervention cessation counseling.

Activities in Action Plan:

- Assess individual client's use of tobacco products and readiness to quit.
- Provide tobacco prevention and cessation brief intervention and referral activities.

Time Frame / Result / Evaluation: Client totals for tobacco assessment and cessation activities will be retrieved via the EHR and reported for the mid-year, annual and final progress reports. Annual progress reports will be submitted within 90 days of project year end date March 31, 2020 as required by grant guidelines, and annually thereafter through 2022.

Responsible Entity: WHNP, RNs, and Director of Health Data/Fiscal Analyst



2019 Program Priority #1, #2, #4, #7 and Key Issue #4: Assuring innovative high-quality family planning and related health services that will improve the overall health of individuals, couples and families with priority for services to those of low-income families, offering, at a minimum, core family planning services enumerated earlier in this Funding Announcement. Assuring that projects offer a broad range of family planning and related health services that are tailored to the unique needs of the individual, that include natural family planning methods (also known as fertility awareness based methods) which ensure breadth and variety among family planning methods offered, infertility services, and services for adolescents; breast and cervical cancer screening and prevention of STDs as well as HIV prevention education, counseling, testing, and referrals. Assuring activities that promote positive family relationships for increasing family participation in family planning and healthy decision-making; education and counseling that prioritize optimal health and life outcomes for every individual and couple and other related health services. contextualizing Title X services within a model that promotes optimal health outcomes for the client. Promoting provision of comprehensive primary health care services to make it easier for individuals to receive both primary health care and family planning services preferably in the same location, or through nearby referral providers, and increase incentive for those individuals in need of care choosing a Title X provider. Demonstrating that Title X activities are separate and clearly distinct from non-Title X activities, ensuring that abortion is not a method of family planning for this grant. Meaningful collaboration with site clinics / documented partners to demonstrate a seamless continuum of care.

GOAL 4: To address comprehensive family planning and preventive health needs among families (including adolescents) and vulnerable populations by engaging



community partners in educational material review and community-wide outreach efforts.

Objective 4.1: THG will facilitate a bi-annual client-based Information and Education Committee in December and July of each project period and evaluate 100% of family planning educational materials. Approved Educational materials will be reevaluated every 3 years. Committee will meet guidelines as set forth in 42 CFR 59.

Activities in Action Plan:

- Ongoing education material evaluation for reading level and culturally sensitive content.
- Complete three-part review-client, staff and medical -for new educational material.
- Update / review of materials that were reviewed prior to 3 years.
- Revision of policy as needed.

Time Frame/ Result/ Evaluation: Bi-annual client Information and Education Committee in December and July in each project period beginning in 2019 and continuing through 2022. Meeting documentation and educational material review tracking spreadsheet citing recommendations with annual recommendations provided to the CEO.

Responsible Entity: Information and Education coordinating RNs, Clinical Director, and Director of Health Data/Fiscal Analyst.

Objective 4.2: THG, CWC, and MCHC will create an annual marketing plan that addresses written and social media forms of reaching the public to educate regarding family planning and related preventive health. THG will engage our community partners through our



community health improvement plan and strategic planning as well as a Title X Family Planning Advisory Board each project period to seek input on improving access to family planning and related preventive health services and implement these methods within 6 months of identification. This objective will follow guidelines as set forth in 42 CFR 59.

Activities in Action Plan:

- Annual written and social media marketing plan as outlined in project narrative.
- Convene Title X Advisory Board
- Implement recommended interventions

Time Frame/ Result / Evaluation: THG will document Marketing Plan development by April 2019 and annually thereafter through 2022. Title X Advisory Board will be convened annually in November or December beginning 2019, continuing annually through 2022. Data will be reported for the mid-year, annual and final progress report. Annual progress reports will be submitted within 90 days of project year end date March 31, 2012 and annually to 2022.

Responsible Entity: Clinic Director, COO, and CEO

Key Issue #4 and 42 CFR 59: Meaningful collaboration with clinical sites / documented partners to demonstrate a seamless continuum of care. Provide for informational and educational programs designed to: 1) Achieve community understanding of the objectives of the program; 2) Inform the community of the availability of services; and 3) Promote continued participation in the project by persons to whom family planning services may be beneficial.

Service Site Selection Process and Criteria



Eligible entities included public and private not-for-profit entities including primary care providers, hospitals, healthcare coalition, women's health centers, and community or faith-based entities. Final selection was made by a Review and Selection Committee based on 1) Capabilities as addressed in Project Narrative and Work Plan, 2) Project Experience, 3) Personnel, and 4) Fiscal Evidence of capability to carry out the project.

Staffing Plan

Personnel Policies

Per 42 CFR 59.5(b)(4), orientation and in-service education is provided to staff at THG, CWC, and MCHC. Department orientation covers phone and computer systems. incident policies, evacuation plan, overview of clinical sites. New staff members participate in a clinic-specific orientation. A skill-based competency checklist to includes laboratory skills training and competency review, policy and procedure review, blood borne pathogens training. introduction to Title X Statutes and guidelines via webinar, HIPAA, abuse reporting and human trafficking laws, family planning, immunizations, and STDs.

Position Descriptions

Chief Executive Officer, Carol Everett, carries the ultimate job responsibility for THG. Mrs. Everett reports to the Board of Directors. Implements board policies and procedures and directions, strategic planning and fundraising. Mrs. Everett is responsible for the strategic direction of the company, creating the organization's culture, entering into agreements/contracts and business development. Mrs. Everett prepares the company's budget and reviews appropriate salaries and benefits for staff.

Michael Austin, PhD, is the CEO of Midland Community Care Services.



Medical Providers: Women's Health Nurse Practitioners Lara Turk, WHNP, Marilyn Gregory, RN-C, WHCNP-BC, and Chabacana Liat Maxwell, NP deliver comprehensive and continuing health care to women across the lifespan with emphasis on conditions unique to women from menarche through the remainder of their life span. Nurse practitioners deliver Core Family Planning Services as set out the 2019 FOA.

QA/QI RN/TRAINER/SUPERVISOR, Ronda Schultz provides ongoing clinical consultation regarding client management issues and implementation of clinical guidelines to THG and subrecipient staff. Ms. Schultz directs quality assurance activities, conducts subrecipient client training, conducts clinical site visits, and reviews THG/ subrecipient medical records to evaluate appropriateness of medical care and adequacy of documentation. This position develops clinical policies and protocols for the clinical manual to meet Title X requirements as described in quality family planning to assure compliance with federal regulations for the Title X program. Supervise clinical in corporation with clinical director.

Clinical Director, Mariah Herrera, directs daily operates of Heidi Clinic supervising medical services. As director, Mrs. Herrera has the overall responsibility for planning, development, management, administration, and evaluation of programs. Mrs. Herrera formulates policies, procedures, goals, objectives, and authorizes program activities, expenditures, and performance reports.

Chief Operating Officer, Leslie Willkom, provides program direction, monitors grant objectives, programmatic activities, prepares program budgets, grant writing, and performance reports. Mrs. Willkom oversees the determination of program strategic direction, processes, methods of operation, guidelines and tools.



Abstinence Director, Corey Tabor is responsible for formulating policies, procedures, goals, objectives and contracts with schools, program activities, budgets and expenditures and reports for the abstinence outreach. Mr. Tabor is responsible for hiring and supporting abstinence educators/staff.

Health Information Department, headed by Andrew Herrera, maintains and enhances Athena EHR through the creation of application databases, screens, queries, and reports including quality improvement measures. Health Information Department develops spreadsheets, forms, reports, websites, maps, directories, training registrations, newsletters, and designs effective work processes. Mr. Herrera oversees and develops operational procedures for Title X data collections and the ongoing improvement and updates to the system. Health Information Department assists Fiscal Monitoring with surveillance data, program targets and outcomes. Mr. Herrera trains and provides technical assistance to subrecipient agencies.

Fiscal, Contract Compliance and Evaluation is staffed by Director of Health Data/Fiscal Analyst is monitored by Five Stone Accounting, Mark Puzdrak, CPA. Mr. Puzdrak oversees the fiscal rules and procurement processes, monitors compliance with Federal and State financial regulations by THG and subrecipient agencies. Mr. Puzdrak and Five Stone Staff assist staff implementing budgets, approving expenditures, preparing financial reports and monitoring spending according to Uniform Grant Management Standards. Mr. Puzdrak ensures that surveillance data informs program targets and planning. Programs are evaluated and revised according to research findings and outcomes. Team evaluates and ensures work is defined by objectives that are specific, measurable, achievable, realistic and time-framed. Mr. Puzdrak audits internally for compliance.



Subrecipient Agencies: The three subrecipient agencies have long-standing relationships of trust. Agencies are trained, experienced and committed to family planning. Agencies identify specific strategies to address health care reform, adapt the delivery of family planning and reproductive health services to a constantly changing healthcare environment, assisting patients with navigating the changing health care system under health care reform including Medicaid expansion. All are billing Medicaid and third-party payers which adds to the revenue. All three agencies provide the Core Family Planning and related preventative health services as outlined in the 2019 FOA.

Staff Expertise: Staff of FQHC and two private non-profit clinics deliver coordinated and comprehensive family planning services. Each agency offers core family planning services as described in this Funding Announcement and provides a full array of required services under this grant.

References

(n.d.). Retrieved from UC Davis Center for Poverty Research: [https://poverty.ucdavis.edu/faq/what-](https://poverty.ucdavis.edu/faq/what-current-poverty-rate-united-states)

[current-poverty-rate-united-states](https://poverty.ucdavis.edu/faq/what-current-poverty-rate-united-states)

(n.d.). Retrieved from Texas Health and Human Services: <https://hhs.texas.gov/>

"Demographic Statistics for Texas." Infoplease. (12 Jan. 2019). Retrieved from © 2000-2017 Sandbox

Networks, Inc., publishing as Infoplease.: <<https://www.infoplease.com/us/comprehensive-census-data-state/demographic-statistics-79/>>

(April 2018). *2018 Female Breast Cancer Fact Sheet - Texas*. Texas Department of State Health Services.

(2019). Retrieved from Texas Oncology: <https://www.texasoncology.com/>

America's Health Rankings United Health Foundation. (2018). Retrieved from

https://www.americashealthrankings.org/explore/annual/measure/Binge/population/Binge_Female/state/TX

(September 2017). *Cancer in Texas 2017 Report*. Department of State Health Services.

CDC. (2016). Retrieved from

https://www.cdc.gov/cancer/dcpc/research/articles/breast_cancer_rates_women.htm

Center for American Progress. (2019). Retrieved from <https://www.americanprogress.org/>

DataUSA. (n.d.). Retrieved from <https://datausa.io>

(Centers for Disease Control and Prevention. HIV Surveillance Report, 2017; vol. 29.). *Diagnoses of HIV*

Infection in the United States and Dependent Areas, 2017. Published November 2018. Accessed

[date]. Retrieved from Texas Department of State Health Services:

<https://www.dshs.texas.gov/hivstd/info/edmat/HIVAIDSinTexas.pdf>

(2017). *Family Planning Annual Report: 2017 National Summary*.

Fowler, C. I. ((2018, August)). *Family Planning Annual Report: 2017 national summary*. Research Triangle

Park, NC: RTI International.



- <https://www.guttmacher.org/>. (2011). Retrieved from Guttmacher Institute.
- Info Please*. (2016). Retrieved from <https://www.infoplease.com/us/comprehensive-census-data-state/demographic-statistics-79>
- March of Dimes*. (Texas, 2006 - 2016). Retrieved from www.marchofdimes.org
- mySA*. (2018). Retrieved from <https://www.mysanantonio.com>
- Power to Decide*. (n.d.). Retrieved from <http://powertodecide.org/data>
- Richardson LC, H. J. (MMWR 2016;65(40):1093–1098.). Patterns and trends in black-white differences in breast cancer incidence and mortality—United States, 1999–2013. . Retrieved from Patterns and trends in black-white differences in breast cancer incidence and mortality—United States, 1999–2013. .
- Suburban Stats*. (2017,2018). Retrieved from <https://suburbanstats.org/population/how-many-people-live-in-texas>
- Talk Poverty*. (2017). Retrieved from <https://talkpoverty.org/>
- Texas Adolescent Reproductive Health Facts*. (2015). Retrieved from U.S. Department of Health and Human Services: <https://www.hhs.gov/>
- Texas DSHS HIV/STD Program - Expedited Partner Therapy (EPT)*. (n.d.). Retrieved from <https://www.dshs.texas.gov/hivstd/ept/>
- Texas Medical Association*. (n.d.). Retrieved from <https://www.texmed.org/>
- (2016). *U.S. Census Bureau*.
- (2017). *U.S. Census Bureau*.
- Why 272,000 Texas Were Uninsured in 2017 - and How We Can Fix This*. (n.d.). Retrieved from Center for Public Policy Priorities: <http://bettertexasblog.org>
- World AIDS Day: Texas among top10 states with highest rates of HIV*. (n.d.). Retrieved from <https://www.elpasotimes.com>

Budget Narrative File(s)

* **Mandatory Budget Narrative Filename:**

To add more Budget Narrative attachments, please use the attachment buttons below.

BUDGET NARRATIVE

The Obria Group (TOG) Family Planning and Preventive Health Services Project
Funding Opportunity Announcement Number PA-FPH-10-001; CFDA Number 93.217

This descriptive Budget Narrative corresponds to the specific line item budget included in an Excel spreadsheet for each year of the proposed three-year project. A table at the end of each project year outlines the costs of the Total Family Planning Project per year as well as the requested Federal Title X Family Planning dollars by these categories: Personnel Salary, Personnel Fringe, Unduplicated Patient Cost, Travel and Training, Equipment, Supplies, Contractual and Other. The Excel Spreadsheet also denotes how to distinguish funds attributed to THG and costs related to the subrecipient. Also highlighted is the amount and percent requested in Federal Funds, the Government of other in-kind funds, Program Income and cost per unduplicated User.

Total TA Cooperative Agreement Budget-All Categories		\$ 6,753,888	\$ 1,220,001	\$ 7,973,889	\$ 6,991,566	\$ 7,239,127
	Federal Cost	Non-Fed Match	Total	Federal Cost Year 2	Federal Cost Year 3	
Personnel	\$1,932,720.65	\$734,486.80	\$2,667,207.45	\$1,971,375.06	\$2,010,802.56	
Fringe Benefits	\$448,843.63	\$168,072.88	\$616,916.50	\$457,820.50	\$466,976.91	
Unduplicated Patient Cost	\$3,420,000.00	\$0.00	\$3,420,000.00	\$3,591,000.00	\$3,770,550.00	
Travel	\$14,982.75	\$4,994.25	\$19,977.00	\$15,282.41	\$15,588.05	
Equipment	\$10,500.00	\$3,500.00	\$14,000.00	\$10,710.00	\$10,924.20	
Supplies	\$62,624.55	\$20,874.85	\$83,499.40	\$63,877.04	\$65,154.58	
Contractual	\$622,746.00	\$207,582.00	\$830,328.00	\$635,200.92	\$647,904.94	
Indirect Cost	\$676,176.30	\$0.00	\$676,176.30	\$689,699.83	\$703,493.82	
Other	\$249,345.75	\$83,115.25	\$332,461.00	\$254,332.67	\$259,419.32	
Grand Totals	\$ 7,437,940	\$ 1,222,626	\$ 8,660,566	\$ 7,689,298	\$ 7,950,814	

1. PERSONNEL/FRINGE

OBRIA Project Officer: Kathleen Eaton Bravo, is a Chief Executive Officer at the Obria Group, Inc. in Southern California. The CEO, Kathleen Bravo, will be responsible for the overall implementation and oversight of the project. She will allocate 20% of her time to this project. The Obria Group, Inc. makes the specific commitment of covering 80% of year time or salary for Kathleen Eaton Bravo to this project.

OBRIA Project Director: One FTE Project Director is budgeted for 1 calendar year. Mauricio Leone, MPA is a Chief Operating Officer at The Obria Group in Southern California. The Project Director, Mauricio Leone, will be responsible for the overall administration and direction of the

project. He will oversee the implementation of voluntary family planning projects at each Obria location across California. He will provide grant management, implement of the Obria's Reproductive Health Review Tool, and perform quality control and compliance.

The Obria Group, Inc. makes the specific commitment of covering 30% of year time or salary for Mauricio Leone to this project.

OBRIA Project Manager: One FTE Project Manager, TBD, is budgeted for 1 calendar year. The Project Coordinator will assist the project director in the administration and implementation of the project across California. He/She will assist the program director and Obria affiliates in the implementation of voluntary family planning projects at different geographic areas across the nation. He/She will also work as the liaison between The Obria Group and sub grantees. He/She will track program performance, conduct clinical visits, perform compliance and quality control activities through the implementation of Obria's and Obria's Reproductive Health Review Tool. He/She will be will be paid a salary rate of \$90,000 per year, based on experience and qualifications.

Contracted Medical Consultant: Patrick Nunnelly, M.D., is a board-certified Obstetrician and Gynecologist contracted to provide medical consultations in the form of medical policy, medical review and approval. Dr. Nunnelley consults with THG on medical questions and/or individual medical issues. Dr. Nunnelley has service as THG medical consultant for the past two-year.

Contracted Medical Consultant: William Biel, M.D., is board-certified in family practice. Dr. Biel is contracted to provide Title X medical consultations in the form of Title X medical policy, medical review and approval.

Contracted Medical Consultant: Eliseo Rivera, M.D., services as medical director for MCHC. Dr. Rivera is board-certified in Obstetrics and Gynecology.

QA/QI Trainer, RN: Ronda Schultz provides ongoing clinical consultation regarding client management issues and implementation of clinical guidelines to THG and subrecipient staff. Ms. Schultz directs quality assurance activities, conducts subrecipient client training, conducts clinical site visits, and reviews subrecipient medical records to evaluate appropriateness of medical care and adequacy of documentation. This position develops clinical policies and

protocols for the clinical manual to meet Title X requirements as described in quality family planning to assure compliance with federal regulations for the Title X program. Mrs. Schultz provides clinical supervision in cooperation with clinic manager.

Clinical Director: Mariah Herrera, directs daily operations of Heidi Clinic supervising medical services. As director, Mrs. Herrera has the overall responsibility for planning, development, management, administration, and evaluation of programs. Mrs. Herrera formulates policies, procedures, goals, objectives, and authorizes program activities, expenditures, and performance reports.

Chief Operating Officer: Leslie Willkom, provides program direction, monitors grant objectives, programmatic activities, prepares program budgets, grant writing, and performance reports. Mrs. Willkom oversees the determination of program strategic direction, processes, methods of operation, guidelines and tools.

Chief Executive Officer: Carol Everett, carries the ultimate job responsibility for THG. Mrs. Everett reports to the Board of Directors. Implements board policies and procedures and directions, strategic planning and fundraising. Mrs. Everett is responsible for the strategic direction of the company, creating the organization's culture, entering into agreements/contracts and business development. Mrs. Everett prepares the company's budget and reviews appropriate salaries and benefits for staff.

Michael Austin, PhD, is the CEO of Midland Community Care Services. Mr. Austin has 18 years of experience in professional executive positions involving various fields such as medical, engineering, construction management, contracts, public and media relations, marketing, environmental, and government affairs. Mr. Austin carries full responsibility for the performance of MCHC as a FQHC.

Mrs. Marilyn Gregory, RN-C, WHCNP-BC, CEO, and Nurse Practitioner of Community Wellness Clinic. Mrs. Gregory's professional certifications include Registered Nurse, Advanced Practice Nurse, certified as a Women's Health Care Nurse Practitioner and certified in Colposcopy.

Corey Tabor is the Abstinence Director, responsible for formulating policies, procedures, goals, objectives and contracts with schools, program activities, budgets and expenditures

and reports for the abstinence outreach. Mr. Tabor is responsible for hiring and supporting abstinence educators/staff.

Advanced Practice Nurse (APRN): Under the direction of the collaborating physician and reporting to the Clinical Services Manager, provides direct health care for a specified patient population. Performs tasks involved in the reproductive care of adult and adolescent clients; prescribes and administers medical treatment; orders and evaluates laboratory and diagnostic testing, counsels and educates patients, maintains accurate electronic health records, administers prescriptions, reviews, reports, records, and general progress of patients. Instructs and educates trainees and/or staff. This position is 75% funded with Title X funds.

Office Receptionist (Bilingual - Spanish): This position is responsible for processing all incoming patients. The receptionist assists clients with in-take forms, making appointments, and reviewing and monitoring the client's Title X billing. The receptionist is bilingual and assists not only ESL clients who need help with required forms but also with ESL patients when this skill is needed by medical providers during the exam. This position is 75% funded with Title X grant funds.

Director of Health Data / Fiscal Analyst: Provides grant oversight, administration and procurement of services for funding. Conducts principles and practices of budget preparation, fiscal analysis, and statistical data analysis. This position is paid 75% FTE from Title X funds and 25% FTE from in kind revenue to work within the Title X project.

Billing Specialist: This position processes client and third-party payments. This position is Responsible for back-end revenue cycle management and processes. Seventy-five percent of this position is funded by Title X and 25% from in kind revenue within the Title X project.

Family Practice Nurse Practitioner: Under the direction of the collaborating physician and reporting to the Clinical Services Manager, provides direct health care

for a specified patient population. Performs tasks involved in the reproductive care of adult and adolescent clients; prescribes and administers medical treatment; orders and evaluates laboratory and diagnostic testing, counsels and educates patients, maintains accurate electronic health records, administers prescriptions, reviews, reports, records, and general progress of patients. Instructs and educates trainees and/or staff. This position is 75% funded with Title X funds.

Fringe Benefits Description:

Fringe Benefits for the Public Employee's Retirement System are currently calculated by the percentages and can change annually, biannually, or during other periods depending on State Legislation changes and/or other organization factors.

Insurance benefits depend on the employee's level of coverage. Benefits range from \$ 594 - \$622. Medicare is calculated at 1.45% and Workers Compensation Insurance is a flat rate of .15% per fiscal year.

In addition to salaries, personnel costs assume a benefit rate of 20%. This includes Worker's Compensation contributions to employee 401k retirement accounts; taxes, and employee benefits.

2. UNDUPLICATED PATIENT COST:

Cost to provide Title X family planning service for unduplicated clients from April 1, 2019 – March 31, 2019, with a 5% increase for each project year through March 31, 2022.

3. TRAINING TRAVEL EXPENSES:

Funds are budgeted for the Project Director, Project Manager, and Health Education Manager to visit each affiliate location twice per year to collaborate with colleagues, provide training and perform quality control and compliance.

Training expenses for the staff associated with Ascend training, subrecipient training, and abstinence presentations, including bi-annual Title X Administrators' conference related to family planning.

4. SUPPLIES/ OPERATING

Medical Supplies: These funds will be used to purchase auxiliary medical and laboratory supplies necessary to operate a community clinic. Items such as onsite laboratory testing devices, control solutions, thermometer probes, gloves, table paper, client covers, and speculums are among the necessary items.

Laboratory Services: Contracts with Clinical Pathology Labs (CPL) to process all required outside lab test including: Pap tests, blood work, biopsies and STIs, etc.

Pharmaceuticals: Pharmaceuticals include birth control - oral contraceptives, Depo-Provera, LARCS, diaphragms, implants, condoms, contraceptive patch, contraceptive ring, and prenatal vitamins. Medications utilized to treat sexually transmitted, bacterial, viral, and urinary tract in C- sections. These medications include antibiotics, antivirals, and anti-fungal in oral, injectable, or cream preparations.

Social Media - Facebook promotion of family planning services and education for family planning and related health services health topics.

5. CONTRACTUAL

Professional Services Contract: Office 365 will provide Internet- based software application and components hosting, and delivery services related to integrated business software and clinical systems, including the application Athena.

Athena: Funds will be used to secure ongoing maintenance of our Electronic Health Records (EHR)System including the following quarterly costs: recurring maintenance support, Business Optimizer, e-prescribe.

(RN): The RN initiates medical records, obtains comprehensive medical/ social histories, collects and processes laboratory specimens, and educates and counsels clients on family planning issues and preventive health measures. The public health nurse provides tracking of clients with abnormal test results to ensure necessary testing and treatment.

This position is 75% funded by the local government to work within the Title X Family Planning Project.

6. INDIRECT COST: Obria elects a minimis rates of 10% of modified total direct cost (MTDC) according to 75.403.

7. OTHER:

Other includes clinic lease costs, contaminated waste disposal, clinic phone, cellular phones, and internet, advertising, postage, event insurance, general liability and malpractice insurance, and abstinence facility rental.

Other also includes supplies for abstinence presentations, abstinence program scholarships, abstinence assemble costs for program speakers, Ascend membership, Mission Capital membership, abstinence training certification.

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 12 2000

THE HEIDI GROUP INC
C/O CAROL EVERETT
PO BOX 202463 12804 PARTRIDGE BEND
AUSTIN, TX 78720

Employer Identification Number:

74-2757919

DLN:

17053078769010

Contact Person:

TERRY SAYLOR

ID# 31291

Contact Telephone Number:

(877) 829-5500

Our Letter Dated:

January, 1996

Addendum Applies:

No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

THE HEIDI GROUP INC

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

~~Steven T. Miller~~

Steven T. Miller
Director, Exempt Organizations

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: DEC -2 2003

MIDLAND COMMUNITY HEALTHCARE
SERVICES
C/O R. TODD GREENWALT
VINSON & ELKINS LLP
1001 FANNIN STREET, SUITE 2300
HOUSTON, TX 77002-6760

Employer Identification Number:
83-0358685
DLN:
17053203079023
Contact Person:
ROXANNE M HAYTHORN ID# 52416
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31
Form 990 Required:
Yes
Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware

Letter 947 (DO/CG)

MIDLAND COMMUNITY HEALTHCARE

of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

MIDLAND COMMUNITY HEALTHCARE

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosure(s):

APPENDIX E: WORK PLAN

Work Plan: April 1, 2019 - March 31, 2020

Obria Family Planning and Preventive Health Services Project

Funding Opportunity Announcement Number PA-FPH-10-001; CFDA Number 93.217

The Heidi Group (THG) 895 Summit Street Ste. 108, Monday – Friday 8:00 am to 5:00 pm

Community Wellness Community (CWC) 201 Enterprise Row Ste. 12 77301

Midland Community Healthcare Clinic (MCHC) 801 E. Florida Ave. 79701

Need 1: 15.6% of Texans live in poverty verses the national average of at 12.3%. Percentage of children under age 18 fell to 22 % below the poverty level. Working women ages 18 – 64 fell to 15.9% below the poverty level with men trailing at 11.5%. Analysis reveals that 36.5% of Hispanics in Texas live in poverty.

8.5% of females aged 25 – 34 live below the FPL and 6.5% of male residents aged 18 – 24 live below the FPL in both the state and the nation. In the 11 counties in the South Texas project area, 7 counties show 30% are uninsured and 4 counties are 20 % uninsured. The Central Texas target service area, has 2 counties over 30% uninsured. The remaining counties range from 29 to 20% uninsured. In the West Texas target area, Gaines County is 40% uninsured, 12 counties over 30% uninsured, 20 counties over 20% uninsured and the remaining county Borden is 18% uninsured. Recruitment and retention to healthcare providers can be a challenge for rural areas the West Texas counties of Coke (3,136), Glasscock (1,328), Irion (1,705), Loving (80), Sterling (1, 207), and Terrell (1,039) for a total of 8,495 residents with no local medical provider.

Goal 1: To provide client-centered, voluntary and non-coercive, quality family planning and related preventive health service in accordance with 42 CFR 59.5 and nationally recognized standards of medical care, with an emphasis on low-income and other vulnerable populations of the project's 53 counties in Texas to reduce unplanned pregnancy, prevent reproductive complications, and promote optimal health and wellness.

Objective 1.1: From April 1, 2019 – March 31, 2022 this project will provide client-centered, voluntary and non-coercive, schedule of discounted core family planning services to 47,849 low-income clients (16,323 THG, 15,763 CWC, 15,763 MCHC) with a 5% increase annually through 2022 as supported by adequate funding. At least 70% of participants will have an income of <100% of FPL

Objective 1.2: From April 1, 2019 – March 31, 2022 this project will provide client-centered, voluntary and non-coercive, schedule of discounted core family planning services to 47,849 low-income clients (16,323 THG, 15,763 CWC, 15,763 MCHC). Per the CDC's 2015 STD Treatment Guidelines, THG, CWC, and MCHC will screen 90% of women <25 years of age for Chlamydia and 90% of individuals for HIV. Per Healthy People 2020, C-15 and C-17 the proportion of women receiving cervical cancer screening will reach 93% and the proportion of women receiving breast cancer screening will reach 81% per medical standards.

Objective 1.3: THG, CWC and MCHC will optimize quality service for all clients. THG, CWC, and MCHC will conduct ongoing quality assurance and improvement to include FPAR audits and an annual client satisfaction survey. Audits will reflect 90% of women <25 years for Chlamydia and 90% of individuals for HIV testing per CDC's 2015 Treatment Guidelines. Satisfaction surveys will show satisfaction rate of at least 90% annually.

APPENDIX E: WORK PLAN

TIMELINE	ACTIVITIES / ACTION PLAN	RESPONSIBLE	EVALUATION
April 1, 2019 – March 31, 2022, with a 5% increase for each project year through March 31, 2022	<p>Services will be available to 5,200 at THG, 5,000 at CWC, and 5,000 at MCHC in project year 1, (Total 15,200); 5460 at THG, 5,250 at CWC, and 5,250 at MCHC in project year 2, (Total 15,960) and 5,733 at THG, 5,513 at CWC, and 5,513 at MCHC in project year 3, (Total 16,769).</p> <ul style="list-style-type: none"> Walk-in or same day appointment available for all clients including adolescent clients. A broad range of family planning methods, including abstinence, barrier methods, fertility awareness methods, LARCS, implants, pills, excludes abortion services. Quick start of any applicable family planning method per best practice standards. Provision of Basic Infertility Services Public/private insurance billing to maximize federal resources – cost centers to identify and separate finances. 	<p>Clinic WHNP, Clinic RN, Clinic Director, and Director of Health Data/Fiscal Analyst</p>	<p>Client totals based on age, race, and income; will be retrieved from activity reports available via the EHR and reported for the mid-year progress report, annual progress report and FPAR.</p> <p>Project year 1 (Total 15,200) Project year 2 (15,960) Project year 3 (Total 16,769)</p>
April 1, 2019 – March 31, 2022, with a 5% increase for each project year through March 31, 2022	<p>Services will be available to 5,200 at THG, 5,000 at CWC, and 5,000 at MCHC in project year 1, (Total 15,200); 5460 at THG, 5,250 at CWC, and 5,250 at MCHC in project year 2, (Total 15,960) and 5,733 at THG, 5,513 at CWC, and 5,513 at MCHC in project year 3, (Total 16,769).</p> <ul style="list-style-type: none"> Client counseling and education regarding risk of STD and HIV, Annual Ct testing to women <25 years old, and HIV Prevention education, counseling, testing and referral per the CDC's 2015 STD Treatment Guidelines. Breast and cervical cancer screening per the U.S. Preventive Task Force and ACOG. Public and private insurance Active referral, appointment scheduling and follow-up for clients with identified health issues utilizing primary care and MOU and process. 	<p>Clinic WHNP, Clinic Director, and Director of Health Data/Fiscal Analyst</p>	<p>Client totals based on age, race, and income; will be retrieved from activity reports available via the EHR and reported for the mid-year progress report, annual progress report and FPAR.</p>
Chart Audits April 1, 2019 – March 31, 2022, and each project year to 2022	<p>Implementation of Quality Assurance / Quality Improvement</p> <ul style="list-style-type: none"> Perform 5 chart audits monthly per clinical site. Perform FPAR audits and annual satisfaction survey. 	<p>WHNP, QA/QI RN Committee Members and Clinical Director</p>	<p>This evaluation will include strategies to improve deficit areas and assign a lead staff</p>

APPENDIX E: WORK PLAN

<p><u>FPAR</u> Quarterly in 2029 and continue each project year through 2022 <u>Satisfaction Survey</u> November 2019 QA/QI committee meeting and annually through 2022 <u>Evaluation</u> Bi-annual, September 2019 – December 2019 and thru contract end 2022</p>	<ul style="list-style-type: none"> • Bi-annual evaluation of clinic services based on chart audits, FPAR data and satisfaction survey recommendations and findings by THG, CWC, and MCHC. • Quality Assurance/Quality Improvement Committees. • Initiate Improvement Team as needed upon evaluation. 	<p>member and improvement team for implementation once improvement strategies have been developed.</p>
--	---	--

2019 Program Priority #1, #3, #4, #7 and #8; Key Issues #1, #2, #3, #4, #7, and #8: Assuring the delivery of quality family planning, infertility, and related preventive health services to improve overall health with priority for services to low-income families. Project offers a broad range of family planning methods and related preventative health services tailored to the individual. Ensure voluntary, client-centered and non-coercive services. Promoting the provision of primary care. Title X activities clear and distinct, ensuring abortion is not a family planning method. Use OPA performance metrics, regular performance of quality assurance and quality improvement activities. Efficiency and effectiveness in management and operations. Management and accountability for outcomes. Cooperation with community-based organizations. Meaningful collaboration with CWC and MCHC. Emphasis on voluntary natural family planning services. Data collection for use in monitoring and improving services.

Need 2: Texas has the 5th highest pregnancy rate among states and according to the Office of Adolescent Health, 5th highest birth rate for teens aged 15-19.¹ Of all births to females under 20 years of age, 21% of Hispanics have the highest repeat birth rate, followed by 20% of Non-Hispanic-Blacks and 16% of Non-Hispanic Whites. According to Guttmacher Institute, unintended pregnancy rate in 2010 was 56 per 1000 women aged 15-19 in 2011.

Goal 2: To provide voluntary, client centered, non-coercive education and counseling to women and men of child bearing age, including adolescents applicable to family participation, healthy monogamous relationships, healthy decisions making relationship skills and education and counseling that prioritize optimal health and the benefits of avoiding sexual risk to all clients while assuring patient confidentiality and compliance with abuse reporting prevention.

¹ (Texas Adolescent Reproductive Health Facts, 2015)

APPENDIX E: WORK PLAN

<p>Goal 2.1: To provide adolescent sensitive services and teen pregnancy prevention interventions with activities that do not normalize sexual risk behavior, with an emphasis on benefits of delaying sex to avoid sexual risk or returning to a sexually risk-free status, encouraging family participation and resisting coercion.</p>			
<p>Objective 2.1: 90% of women and men of childbearing age seen at THG, CWC, and MCHC will receive screening, education and counseling related to family participation, healthy monogamous relationships and decision making, healthy relationships and education and counseling that prioritizes optimal health and the benefits of avoiding sexual risk behavioral and risk-reduction education.</p>			
<p>Objective 2.2: THG, CWC, and MCHC will implement nationally recognized teen pregnancy prevention strategies to reduce unplanned pregnancy and improve family planning services to include health screenings, labs, and other related health services. Counseling and education will assess and address participation of the family, parent or legal guardian in the decision to seek family planning services, abuse reporting laws, counseling and skills building to resist attempts coercing sexual activity, a review of the benefits of delaying sex to avoid sexual risk or returning to a sexually risk-free status on adolescent clients at least once annually and more often as needed based on the intake and repeat visit assessment.</p>			
TIMELINE	ACTIVITIES / ACTION PLAN	RESPONSIBLE	EVALUATION
Structured data field created in electronic health record by April 1, 2019.	<ul style="list-style-type: none"> Annual Staff education related to abuse reporting laws: child abuse and molestation, sexual abuse, rape, incest, intimate partner violence and human trafficking. Monitoring staff compliance with reporting laws through chart audits identified in Goal 1.3 Implement the National Resource Center for Healthy Marriages and Families integration strategies for Level 1: Basic engagement through brochures to clients and handouts in waiting room (project year 1); Level 2: Engaging community members that teach healthy relationships (project year 2 and 3). <p>With 90% of all clients' staff to engage:</p> <ul style="list-style-type: none"> Annual Sexual Health Assessment Open-ended questions to understand family dynamics and relationships and to ascertain perceptions regarding barriers to seeking familial participation in sexual health and general health matters. Use of skills-based communication techniques (Empty Chair Technique) to identify one goal/action client feels can assist to optimal health. Facilitation of familial conversations as requested by client. 	WHNP, RNs, and Clinical Director; subrecipients	Signed documentation training content. Chart Review
National Resource Center for Healthy Marriages and Families integration strategies for Level 1: Basic engagement through brochures to clients and handouts in waiting room (project year 1); Level 2: Engaging community members that teach healthy relationships (project year 2 and 3).			EHR reports from structured fields.

APPENDIX E: WORK PLAN

<p>April 1, 2019 – March 31, 2022, with a 5% increase for each project year through March 31, 2022</p>	<ul style="list-style-type: none"> Staff education concerning teen development issues, current trends and resistances to familial involvement and resisting coercive sexual activities. With 90% of all adolescents' staff to engage: <ul style="list-style-type: none"> Implement science-based education / counseling techniques on the benefits of delaying sex to avoid sexual risk and/or returning to a sex free status. Implement science-based education / counseling related to familial participation in health and decision making and negotiation skills for resisting coercive sex. Facilitation of familial conversations as requested by clients. 	<p>WHNP, RNs, and Clinical Director subrecipients, and Abstinence Director</p>	<p>Signed documentation training content. Chart Review</p> <p>EHR reports from structured fields.</p>
<p>2019 Program Priority #2, #5, and #6; Key Issues: #5 and #6: Assuring activities that promote positive participation, healthy decision making, education and counseling that prioritizes optimal health. Assure compliance with state laws regarding child abuse and molestation, sexual abuse, rape, incest, intimate partner violence and human trafficking. Participation of families, parents, legal guardian in decision of minors to seek family planning and counseling to minors on how to resist coercion to engage in sexual activities. Meaningful emphasis on education and counseling related to healthy relationships, to committed, safe, stable, healthy marriages, and benefits of avoiding sexual risk or returning to a sexually risk-free state. Adolescent activities that do not normalize sexual risk behaviors and communicates benefits of sexually risk-free state.</p> <p>Need 3: The CDC reported in 2014, the United States ranks 26th when compared with other industrialized nations for infant mortality. In 2014, in Texas, 12.89% of women of childbearing age reported binge drinking in the past month, 11.1% reported smoking and 27.5% were obese. All these health indicators could lead to premature birth, low birth weight, and birth defects. Addressing preconception screening/counseling to ensure women are in optimal health from the start of a pregnancy.</p>			
<p>GOAL 3: Improve birth outcomes through the introduction of reproductive life planning.</p>			
<p>Objective 3.1: 90% of women and men of childbearing age seen at THG, CWC, and MCHC will be introduced to tools for personal family planning, fertility, and reproductive life planning and engaged in screening and behavioral risk reduction education and actively linked to primary care as needed to improve pregnancy outcomes and optimize overall health during each year of the project period.</p>			
<p>Objective 3.2: THG, CWC, and MCHC will assess 90% of all clients for tobacco and provide 90% of all tobacco users brief intervention cessation counseling.</p>			

APPENDIX E: WORK PLAN

TIMELINE	ACTIVITIES / ACTION PLAN	RESPONSIBLE	EVALUATION
<p>April 1, 2019 – March 31, 2022, with a 5% increase for each project year through March 31, 2022</p> <p>Annual progress reports will be submitted within 90 days of project year end date</p> <p>March 31, 2022 and annually thereafter through 2022.</p>	<ul style="list-style-type: none"> Staff training will address reproductive life plan and preconception policy and procedures. Assessment of the client's reproductive health plan and readiness for pregnancy. Screen for undiagnosed or known chronic health conditions or high-risk behaviors. Active referral, appointment scheduling and follow-up for clients with identified health issues. Assess for history of or current intimate partner violence, depression and other mental health concerns. Facilitate social services and mental health referrals as outlined in Project Narrative. Provide physical exam, pap, STD/HIV screening per clinical guidelines. Provide prenatal vitamins to any woman considering pregnancy. Provide family planning per patient request. Client-centered education-pregnancy spacing, breastfeeding and risk-reduction behaviors. 	<p>WHNP, Clinic Director, Director of Health Data/Fiscal Analyst</p>	<p>Documentation of staff training regarding evidence-based counseling techniques.</p> <p>EHR reports from structured data fields.</p>
<p>April 1, 2019 – March 31, 2022, with a 5% increase for each project year through March 31, 2022</p>	<ul style="list-style-type: none"> Assess individual client's use of tobacco products and readiness to quit. Provide tobacco prevention and cessation brief intervention and referral activities. 	<p>WHNP and RNs</p>	<p>EHR reports from structured data fields</p>
<p>2019 Program Priority #1, #2, #4, #7 and Key Issue #4: Assuring innovative high-quality family planning and related health services that will improve the overall health of individuals, couples and families with priority for services to those of low-income families offering at a minimum core family planning services enumerated earlier in this Funding Announcement. Assuring that projects offer a broad range of family planning and related health services that are tailored to the unique needs of the individual, that include natural family planning methods (also known as fertility awareness based methods) which ensure breadth and variety among family planning methods offered, infertility services, and services for adolescents, breast and cervical cancer screening and prevention of STDs as well as HIV prevention education, counseling, testing, and referrals. Assuring activities that promote positive family relationships for increasing family participation in family planning and healthy decision-making; education and counseling that prioritizes optimal health and life outcomes for every individual and couple and other related health services, contextualizing Title X services within a model that promotes optimal health outcomes for the client. Promoting provision of comprehensive primary health care services to make it</p>			

APPENDIX E: WORK PLAN

easier for individuals to receive both primary health care and family planning services preferably in the same location, or through nearby referral providers, and increase incentive for those individuals in need of care choosing a Title X provider. Demonstrating that Title X activities are separate and clearly distinct from non-Title X activities, ensuring that abortion is not a method of family planning for this grant. Meaningful collaboration with site clinics / documented partners to demonstrate a seamless continuum of care.

Need 4: Improve the overall health of individuals, couples and families with priority for services to those of low-income families. Assuring that projects offer a broad range of family planning and related health services that are tailored to the unique needs of the individual, that include natural family planning methods (also known as fertility awareness based methods) which ensure breadth and variety among family planning methods offered, infertility services, and services for adolescents; breast and cervical cancer screening and prevention of STDs as well as HIV prevention education, counseling, testing, and referrals.

GOAL 4: To address comprehensive family planning and preventive health needs among families (including adolescents) and vulnerable populations by engaging community partners in educational material review and community-wide outreach efforts.

Objective 4.1: Subrecipients will facilitate a bi-annual client-based Information and Education Committee in December and July of each project period and evaluate 100% of family planning educational materials. Approved Educational materials will be reevaluated every 3 years. Committee will meet guidelines as set forth in 42 CFR 59.

Objective 4.2: THG, CWC, and MCHC will create an annual marketing plan that addresses written and social media forms of reaching the public to educate regarding family planning and related preventive health. Community partner will engage through our community health improvement plan and strategic planning as well as a Title X Family Planning Advisory Board. Each project period to seek input on improving access to family planning and related preventive health services and implement these methods within 6 months of identification. This objective will follow guidelines as set forth in 42 CFR 59.

APPENDIX E: WORK PLAN

TIMELINE	ACTIVITIES / ACTION PLAN	RESPONSIBLE	EVALUATION
December and July in each project period beginning in 2019 and continuing through 2022	<ul style="list-style-type: none"> Ongoing education material evaluation for reading level and culturally sensitive content. Complete three-part review-client, staff and medical -for new educational material. Update / review of materials that were reviewed prior to 3 years. Revision of policy as needed. 	Information and Education coordinating RNs	Evaluation material review Tracking spreadsheet siting annual recommendations
Annually in November or December beginning 2019, continuing annually through 2022.	<ul style="list-style-type: none"> Annual written and social media marketing plan as outlined in project narrative. Convene Title X Advisory Board Implement recommended interventions 	Clinic Director, COO, and CEO	Annual progress reports will be submitted within 90 days of project year end date March 31, 2020 and annually to 2022.

Key Issue #4 and 42 CFR 59: Meaningful collaboration with clinical sites / documented partners to demonstrate a seamless continuum of care. Provide for informational and educational programs designed to: 1) Achieve community understanding of the objectives of the program; 2) Inform the community of the availability of services; and 3) Promote continued participation in the project by persons to whom family planning services may be beneficial.

APPENDIX D: LIST OF SERVICES, TESTS, FP METHODS

TITLE X FAMILY PLANNING SERVICES

Tables 1 & 2 summarize required items for providing Title X services to women and men, and related preventive health services.

Table 1: Checklist for Providing Family Planning Services: Women

Screening components	Contraceptive services ¹	Pregnancy testing and counseling ²	Basic infertility services	Preconception health services	STD services ³	Related health preventive services
Reproductive life plan	✓	✓	✓	✓	✓	✓
Medical history	✓	✓	✓	✓	✓	✓
Current pregnancy status	✓	✓	✓	✓	✓	✓
Sexual health assessment	✓	✓	✓	✓	✓	✓
Intimate partner violence	✓	✓	✓	✓	✓	✓
Alcohol & Substance use	✓	✓	✓	✓	✓	✓
Tobacco use	✓ (combined hormonal methods for clients ≥35 years)	✓	✓	✓	✓	✓
Depression	✓	✓	✓	✓	✓	✓
Immunizations	✓	✓	✓	✓	✓	✓
Folic acid	✓	✓	✓	✓	✓	✓
Height, weight, BMI	✓ (hormonal methods)	✓	✓	✓	✓	✓
Blood pressure	✓ (combined hormonal methods)	✓	✓	✓	✓	✓
Clinical breast exam	✓ (initiating IUD)	✓ (if clinically indicated)	✓	✓	✓	✓
Pelvic exam	✓ (initiating IUD)	✓ (if clinically indicated)	✓	✓	✓	✓
Signs of androgen excess	✓	✓	✓	✓	✓	✓
Thyroid exam	✓ (if clinically indicated)	✓	✓	✓	✓	✓
Pregnancy test	✓ (if clinically indicated)	✓	✓	✓	✓	✓
Chlamydia	✓	✓	✓	✓	✓	✓
Gonorrhea	✓	✓	✓	✓	✓	✓
Syphilis	✓	✓	✓	✓	✓	✓
HIV/AIDS	✓	✓	✓	✓	✓	✓
Hepatitis C	✓	✓	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓	✓	✓
Cervical cytology	✓	✓	✓	✓	✓	✓
Mammography	✓	✓	✓	✓	✓	✓

Source: Centers for Disease Control and Prevention (CDC). (2014, April 25). Providing quality family planning services: Recommendations of CDC and the US Office of Population Affairs. *MMWR, Morbidity and Mortality Weekly Reports*. Retrieved from <http://www.cdc.gov/mmwr/pdf/mm34.pdf>

Abbreviations: BMI = body mass index; HBV = hepatitis B virus; HIV/AIDS: human immunodeficiency virus/acquired immunodeficiency syndrome; HPV = human papillomavirus; IUD = intrauterine device; STD = sexually transmitted disease; MEC = US medical eligibility criteria for contraceptive use 2010 MMWR 2010; 59(N0, RR-4).

¹ This table presents highlights from CDC's recommendations on contraceptive use. However, providers should consult appropriate guidelines when treating individual patients to obtain more detailed information about specific medical conditions and characteristics.

² Pregnancy testing and counseling are provided in conjunction with other appropriate FP services according to RLP e.g., contraceptive or preconception health services.

³ STD services also promote preconception health but are listed separately here to highlight their importance in the context of all types of family planning visits. The services listed in this column are for women without symptoms suggestive of an STD.

⁴ Weight (BMI) measurement is not needed to determine medical eligibility for any methods of contraception because all methods can be used (MEC 1) or generally can be used (MEC 2) among obese women. However, measuring weight and calculating BMI at baseline might be helpful for monitoring any changes and counseling women who might be concerned about weight change perceived to be associated with their contraceptive method.

⁵ Indicates that screening is suggested only for those persons at highest risk or for a specific subpopulation with high prevalence of an infection or condition.

⁶ Most women do not require additional STD screening at the time of IUD insertion if they have already been screened according to CDC's STD Treatment Guidelines (Sources: CDC STD treatment guidelines. Atlanta, GA: US Department of Health and Human Services, CDC; 2013. Available at <http://www.cdc.gov/std/treatment>. CDC. Sexually transmitted diseases treatment guidelines, 2010. MMWR 2010; 59(N0, RR-12). If a woman has not been screened according to guidelines, screening can be performed at the time of IUD insertion and insertion should not be delayed. Women with current chlamydia infection or gonorrhea should not undergo IUD insertion (MEC 4). Women who have a very high individual likelihood of STD exposure (e.g., those with a currently infected partner) generally should not undergo IUD insertion (MEC 3). For these women, IUD insertion should be delayed until appropriate testing and treatment occurs.

APPENDIX D: LIST OF SERVICES, TESTS, FP METHODS

Table 2: Checklist for Providing Family Planning Services: Men

Family Planning Services for Men (provide services in accordance with the appropriate clinical recommendations)						
	Screening components	Contraceptive services ¹	Basic infertility services	Preconception health services ²	STD services ³	Related preventive health services
History	Reproductive life plan	✓	✓	✓	✓	
	Medical history	✓	✓	✓	✓	
	Sexual health assessment	✓	✓	✓	✓	
	Alcohol & Substance use			✓		
	Tobacco use			✓		
	Depression			✓		
	Immunizations			✓	✓ ⁴ (HPV & HBV)	
	Height, weight, BMI			✓		
Physical examination	Blood pressure			✓ ⁴		
	Genital exam		✓ (if clinically indicated)		✓ (if clinically indicated)	✓ ⁴
Laboratory testing	Chlamydia				✓ ⁴	
	Gonorrhea				✓ ⁴	
	Syphilis				✓ ⁴	
	HIV/AIDS				✓ ⁴	
	Hepatitis C				✓ ⁴	
	Diabetes			✓ ⁴		

Source: Centers for Disease Control and Prevention (CDC). (2014, April 25). Providing quality family planning services: Recommendations of CDC and the US Office of Population Affairs. *MMWR. Morbidity and Mortality Weekly Reports*. Retrieved from <http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>

Abbreviations: BMI = body mass index; HBV = hepatitis B virus; HIV/AIDS: human immunodeficiency virus/acquired immunodeficiency syndrome; HPV = human papillomavirus; IUD = intrauterine device; STD = sexually transmitted disease.

¹No special evaluation needs to be done prior to making condoms available to males. However, when a male client requests advice on pregnancy prevention, he should be provided contraceptive services as described in the section "Provide Contraceptive Services."

²The services listed here represent a sub-set of recommended preconception health services for men that were recommended and for which there was a direct link to fertility or infant health outcomes (Source: Fray K, Navarro S, Kotelnick M, Lu M. The clinical content of preconception care: preconception care for men. *Am J Obstet Gynecol* 2008; 199 [6 Suppl 2]:S389-95).

³STD services also promote preconception health, but are listed separately here to highlight their importance in the context of all types of family planning visit. The services listed in this column are for men without symptoms suggestive of an STD.

⁴Indicates that screening is suggested only for individuals at highest risk or for a specific subpopulation with high prevalence of infection or condition.

Birth Control Method Options

	Most Effective ←														Least Effective →	
	Female Sterilization	Male Sterilization	IUD	Implant	Injectables	Pill	Patch	Ring	Diaphragm	Male Condom	Female Condom	Withdrawal	Sponge	Fertility Awareness Based Methods	Spermicides	
Risk of pregnancy*	3 out of 100	15 out of 100	LNG: 2 out of 100 CopperT: 8 out of 100	0.5 out of 100	5 out of 100		9 out of 100		12 out of 100	18 out of 100	21 out of 100	22 out of 100	12-24 out of 100	24 out of 100	28 out of 100	
How the method is used	Surgical procedure		Placement inside uterus	Placement into upper arm	Shot in arm, hip or under the skin	Take a pill	Put a patch on skin	Put a ring in vagina	Use with spermicide and put in vagina	Put over penis	Put inside vagina	Put penis out of the vagina before ejaculation	Put inside vagina	Monitor fertility signs. Abstain or use condoms on fertile days	Put inside vagina	
How often the method is used	Permanent		Lasts up to 3-12 years	Lasts up to 3 years	Every 3 months	Every day at the same time	Each week	Each month		Every time you have sex				Daily	Every time you have sex	
Menstrual side effects	None		LNG: Spotting, lighter or no periods CopperT: Heavier periods	Spotting, lighter or no periods	Spotting, lighter or no periods	Can cause spotting for the first few months. Periods may become lighter.						None				
Other possible side effects to discuss	Pain, bleeding, infection		Some pain with placement		May cause appetite increase/weight gain	May have nausea and breast tenderness for the first few months.			Allergic reaction, irritation			None	Allergic reaction, irritation	None	Allergic reaction, irritation	
Other considerations	Provides permanent protection against an unintended pregnancy.		LNG: No estrogen. May reduce cramps. CopperT: No hormones. May cause more cramps.	No estrogen	No estrogen. May reduce menstrual cramps.	Some clients may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.		No hormones	No hormones. No prescription necessary.	No hormones. No prescription necessary.	No hormones. Nothing to buy.	No hormones. No prescription necessary.	No hormones. Can increase awareness and understanding of a woman's fertility signs.	No hormones. No prescription necessary.	No hormones. No prescription necessary.	

** Counsel all clients about the use of condoms to reduce the risk of STDs, including HIV infection.*

*Consult all clients about the use of condoms to reduce the risk of STDs, including HIV infection.

The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method:
Four methods of birth control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception; and (2) emergency contraception (emergency contraceptive pills or a copper IUD after unprotected intercourse) substantially reduce risk of pregnancy. *Reference by effectiveness rates: Russell L. Contraceptive failure in the United States. Contraception 2011; 83: 202-204. Other references available at www.fertstat.org.

Fertility Awareness

- Recognizing the signs of fertility in a woman's menstrual cycle
- Checking cervical mucus.
- Taking body temperature.
- Recognizing signs of the fertile phase.
- Plan or avoid pregnancy.

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	Upload_3_Appendices_TX.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

APPENDIX D: LIST OF SERVICES, TESTS, FP METHODS

Birth Control Method Options

	Most Effective														Least Effective	
	Female Sterilization	Male Sterilization	IUD	Implant	Injectables	Pill	Patch	Ring	Diaphragm	Male Condoms	Female Condoms	Withdrawal	Sponge	Fertility Awareness Based Methods	Spermicides	
Risk of pregnancy*	5 out of 100	15 out of 100	LNG: 2 out of 100 Copper: 3 out of 100	0.5 out of 100	6 out of 100	9 out of 100	9 out of 100		12 out of 100	18 out of 100	21 out of 100	22 out of 100	12-28 out of 100	24 out of 100	25 out of 100	
How the method is used	Surgical procedure		Placement inside uterus	Placement into upper arm	Shot in arm, hip or under the skin	Take a pill at the same time	Put a patch on skin	Put a ring in vagina	Use with spermicide and put in vagina	Put over penis	Put inside vagina	Put penis out of the vagina before ejaculation	Put inside vagina	Monitor fertility signs. Abstain or use condoms on fertile days.	Put inside vagina	
How often the method is used	Permanent		Lasts up to 3-12 years	Lasts up to 3 years	Every 3 months	Every day at the same time	Each week	Each month		Every time you have sex				Daily	Every time you have sex	
Minimal side effects	None		LNG: Spotting, lighter or no periods. Copper: Heavier periods	Spotting, lighter or no periods	Spotting, lighter or no periods	Can cause spotting for the first few months. Periods may become lighter.						None				
Other possible side effects to discuss	Pain, bleeding, infection		Some pain with placement		May cause appetite increase/weight gain	May have nausea and breast tenderness for the first few months.			Allergic reaction, irritation			None	Allergic reaction, irritation	None	Allergic reaction, irritation	
Other considerations	Provides permanent protection against an unintended pregnancy.		LNG: No estrogen. May reduce cramps. Copper: No hormones. May cause more cramps.	No estrogen	No estrogen. May reduce menstrual cramps.	Some clients may report improvement in acne. May reduce menstrual cramps and anemia. Lowers risk of ovarian and uterine cancer.		No hormones	No hormones. No prescription necessary.	No hormones. No prescription necessary.	No hormones. No prescription necessary.	No hormones. Nothing to buy.	No hormones. No prescription necessary.	No hormones. Can indicate awareness and understanding of a woman's fertility signs.	No hormones. No prescription necessary.	

Journal all events about the use of condoms to reduce the risk of STDs, including HIV infection.

*Continued as events about the use of condoms to reduce the risk of STIs, including HIV infection.

*The number of women out of every 100 who have an unintended pregnancy within the first year of typical use of each method.

Other methods of birth control: (1) Lactational Amenorrhea Method (LAM) is a highly effective, temporary method of contraception, and (2) Emergency Contraception, emergency contraception pill or a copper IUD that is inserted after unprotected intercourse substantially reduces risk of pregnancy. References for effectiveness rates: Russell J. Contraceptive failure in the United States. Contraception 2011; 83: 152-166. Other references available on www.fda.gov.

Fertility Awareness

- Recognizing the signs of fertility in a woman's menstrual cycle
- Checking cervical mucus.
- Taking body temperature.
- Recognizing signs of the fertile phase.
- Plan or avoid pregnancy.

APPENDIX G: TITLE X SCHEDULE OF DISCOUNTS POLICY AND PROCEDURE

Policy and Procedure for Title X Sliding Schedule of Discounts
As outlined in OPA, Program Requirements for Title X Funding Family Planning Projects
Effective: 4/1/2019

Title X Schedule of Discount Policy and Procedure

Policy: Title X healthcare providers maintain a standard procedure for qualifying patients for sliding fee scale discounts for services provided. Sliding fee scale discounts are available to Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services (Section 1006(c)(2), PHS Act; 42 CFR 59.5(a)(7))

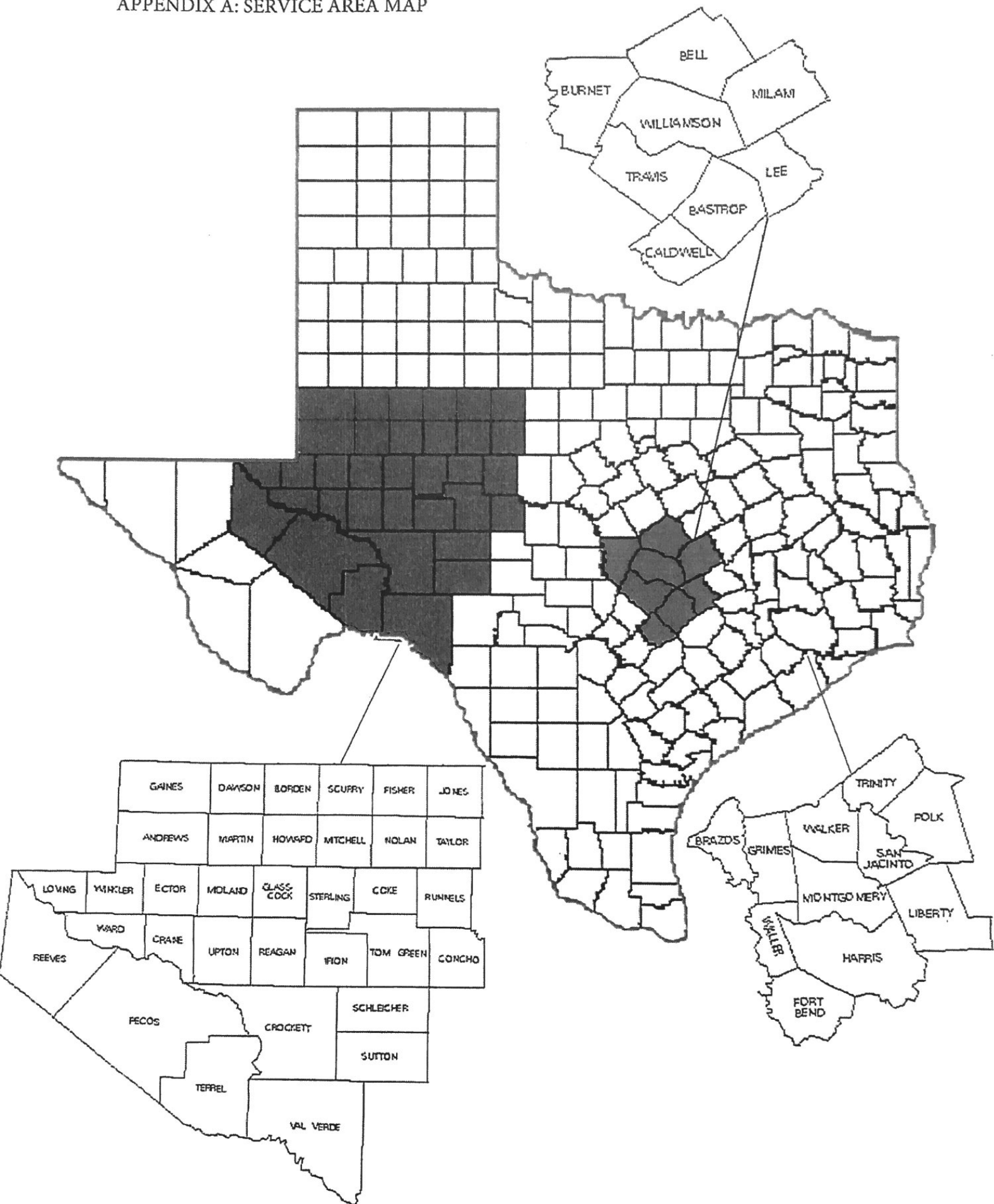
Within the parameters set out by the Title X statute and regulations, Title X grantees have a large measure of discretion in determining the extent of income verification activity that they believe is appropriate for their client population. Although not required to do so, grantees that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients self-report, incomes between 101% and 250% of the FPL (42 CFR 59.5(a)(8)).

Purpose: To reduce and /or eliminate financial barriers to care for medically uninsured, underserved, and low-income populations.

Procedure:

1. Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (42 CFR 59.2).
2. For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR 59.5(a)(8)).
3. Eligibility for discounts for unemancipated minors who receive confidential services must be based on the income of the minor (42 CFR 59.2).
4. Where there is legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third party payment without the application of any discounts (42 CFR 59.5(a)(9)). Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.
5. Where reimbursement is available from Title XIX or Title XX of the Social Security Act, a written agreement with the Title XIX or the Title XX state agency at either the grantee level or sub-recipient agency is required (42 CFR 59.5(a)(9))
6. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.
7. Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies.

APPENDIX A: SERVICE AREA MAP





PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: WILLIAM T BIEL JR MD

DATE: 06/13/2018

THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD

Date of Birth: 1951

License Number: F3048 Full Medical License

Issuance Date: 02/25/1979

Expiration Date of Physician's Registration Permit: 05/31/2020

Registration Status: ACTIVE

Registration Date: 04/01/1979

Disciplinary Status: NONE

Disciplinary Date: NONE

Licensure Status: NONE

Licensure Date: NONE

Medical School of Graduation:

At the time of licensure, TMB verified the physician's graduation from medical school as follows:
UNIV OF TEXAS MED BRANCH, GALVESTON

Medical School Graduation Year: 1977

TMB Filings, Actions and License Restrictions

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

NONE

Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

NONE

Status History

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or verificic@tmb.state.tx.us

Status Code: AC**Effective Date:** 04/01/1979**Description:** ACTIVE**Status Code:** LI**Effective Date:** 02/01/1979**Description:** LICENSE ISSUED

THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD

Gender: MALE**Current Primary Practice Address:**

209 E 2ND ST
ELGIN, TX 78621

Years of Active Practice in the U.S. or Canada:

The physician reports that he/she has actively practiced medicine in the United States or Canada for **37** year(s).

Years of Active Practice in Texas:

The physician reports that, of the above years he/she has actively practiced in the State of Texas for **37** year(s).

Specialty Board Certification

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

NONE

Primary Specialty

The physician reports his/her primary practice is in the area of FAMILY PRACTICE.

Secondary Specialty

The physician reports his/her secondary practice is in the area of GENERAL PRACTICE.

Name, Location and Graduation Date of All Medical Schools Attended**Name:** UTMB**Location:** GALVESTON TX**Graduation Date:** 05/1977**Graduate Medical Education In The United States Or Canada****Program Name:** UTMB**Location:** GALVESTON, TX**Begin Date:** 06/1977**Type:** INTERNSHIP**End Date:** 03/1979**Specialty:** FAM PRACT**Program Name:** NONE**Location:** GALVESTON, TX**Begin Date:** 06/1977**Type:** RESIDENCY**End Date:** 03/1979**Specialty:** FAM PRACT**Hospital Privileges**

The physician reports that he/she has hospital privileges in the following in the State of Texas:

Hospital: SETON HOSP**Location:** AUSTIN TX**Utilization Review**

The physician did not report whether he/she provides utilization review.

NONE REPORTED

Patient Services

Accessibility: The physician reports that the patient service area **is** accessible to persons with disabilities as defined by federal law.

Language Translation Services: The physician reports that the following language translation services are provided for patients: SPANISH

Medicaid Participant: The physician reports that he/she **does** participate in the Medicaid program.

Awards, Honors, Publications and Academic Appointments**Optional Information**

The physician may optionally report descriptions of up to five such honors and has reported the following:

NONE

Malpractice Information

Section 154.006(b)(16) of the Act requires that: a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

Description: NONE

Criminal History

Self-Reported Criminal Offenses: The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

Description: NONE

Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.

Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

Description: NONE

Physician Assistant Supervision

Description: NONE

To obtain
primary source
verifications,
click name

CAROL EVERETT

109 South Harris, Suite 210 | Round Rock, Texas | [REDACTED]

EXECUTIVE MANAGER**Strategic Planning | Founding and Building Non-Profits | Growing Medical Practices**

Highly qualified executive manager offering more than 25 years' experience establishing, managing, and growing medical practices and nonprofits. A results-focused and effectual leader with proven ability to develop organizations to levels of high productivity and efficiency. Talent for proactively identifying marketing trends, identifying and resolving problems, reversing negative trends, controlling costs, and maximizing productivity.

The Heidi Group: Founder and Chief Executive Officer | Round Rock, Texas | 1995-Present

The Heidi Group was founded to build a network of non-profit women's resource centers across Texas and to date is directly responsible for establishing 60 new centers. The Heidi Group identifies and works with individuals who build committees to found local women's resource centers in unserved areas. From there, work includes putting together a board of directors, strategic planning, application for 501(c)(3) nonprofit status, fundraising, and site selection.

- Hire, develop, and train new employees in board-driven policies and procedures, training community volunteers, client recruitment and serving clients
- Strategic planning of goals and objectives of The Heidi Group and newly established nonprofits
- Direction and leadership toward achievement of the organization's mission, strategy, program efficiency and annual goals and objectives
- Organizational development and fundraising
- Oversight of marketing, promotion, delivery and quality of programs, and services
- Leadership in community relations
- Provide strategic planning assistance to Boards of Directors of other nonprofits serving at-risk females

Life Network, Inc.: Founder | 1983-1995

Founded Life Network to assist nonprofit women's resource centers with administrative development and implementation. Responsibilities included:

- Organizational development and fundraising
- Facilitating Board of Directors strategic planning meetings to implement business, development, and marketing plans for small nonprofits
- One-on-one fundraising
- On-call consulting regarding business plans and fundraising

Dallas Women's Medical Clinic & Mesquite Women's Clinic: Executive Director | Dallas | 1980-1983

Contracted to build the business of the day surgery clinic. Increased monthly clinic procedures from 45 per month to 545 per month. Responsibilities included supervising 31 physicians and staff, overseeing daily clinic operations, quality assurance and quality improvement, marketing, and patient recruitment.

North Dallas Women's Clinic, Dallas and Southlake Women's Clinic | Fort Worth | 1977-1980

Served as Executive Director to manage Dallas day surgery clinic and book appointments for Dallas and Southlake clinics. Helped establish plan for future growth. Productivity more than doubled in first four months, from under 200 patients to over 400 monthly.

Marilyn Gregory, RN-C, WHCNP-BC
Owner, CEO, and Nurse Practitioner
Community Wellness Clinic
[REDACTED]

Academic Background

1987	Women's Health Care	University of Texas
Southwestern	Nurse Practitioner	Certificate Program Dallas, Texas
1969	Associate of Applied Science Nursing	San Jacinto College Houston, Texas

Professional Certifications

Registered Nurse, License 224902, 1970 (02/29/2020) Texas

Advanced Practice Nurse, License AP 102426, 1987 (02/29/2020) Texas

Certified as a Women's Health Care Nurse Practitioner by the NCC, 1987-present

Ultrasound Certification, Thomas Jefferson University 1992

Colposcopy Certification, M.D. Anderson Cancer Center, 1994

Professional Memberships

Texas Nurse Practitioners, 1989-present

Association of Women's Health and Neonatal Nurses, 1989-present

American Academy of Nurse Practitioners, 1990-present

March of Dimes, 1986-1993

Texas Nurses Association, 1970-1974

APPENDIX F: RESUMES

Teaching

1990-present	Preceptor to multiple Women's Health Nurse Practitioner students
1977-1978	BLS and Advanced Cardiac Life Support Instructor Conroe Regional Medical Center and the Montgomery County Public Health District
1974-1976 Member	Montgomery County Rape Prevention Education Task Force
July 2018 -Present	American Society for Colposcopy and Cervical Pathology Mentorship Program

Grants

2017	Family Planning Program, Title V State of Texas through the Heidi Group
1992	Teen Preterm Labor Prevention March of Dimes

Institutional Service

1985	Organized mass immunization campaign for the Montgomery County Health Department
1974 Center to	-Instrumental in bringing Life Flight to Conroe Regional Medical -Updated all equipment and procedures in the Emergency Room to conform with modern medical standards
1966	President of the Industrial Cooperative Training Club at Conroe High School

Honors/Awards

1966	Voted the State's best Nurse's Aide by Texas RNs
1966 Society	Scholarship awarded from the Montgomery County Medical

March 16, 2017

Eliseo Rivera, MD, MBA, FACOG**CONTACT INFORMATION:**Address: 8 [REDACTED]
[REDACTED]

Telephone:

Home: [REDACTED]

Work: [REDACTED]

Mobile: [REDACTED]

E-mail: [REDACTED]

Citizenship: USA

EDUCATION:

01/2004-05/2006	Bachelor of Science Information Systems <i>Traditional Degree</i>	University of Texas of the Permian Basin Odessa, TX
08/2001-05/2006	Masters of Business Administration <i>Traditional Degree in Management</i>	University of Texas of the Permian Basin (AACSB-accredited)
06/2004-02/2006	Healthcare Management (150 CME hours)	American College of Physician Executives Tampa, Florida Odessa, TX
09/2002-11/2002	Medical Coding	Odessa College Odessa, TX
07/1993-05/1997	Doctor of Medicine	Ponce School of Medicine (LCME- accredited, USA) Ponce, PR
08/1988-12/1992	Bachelor of Science Biology	University of Puerto Rico Rio Piedras, PR
07/1989-12/1989	Ship Engineering	Naval Training Command Great Lakes, IL

Eliseo Rivera, MD, MBA, FACOG

Page 2 of 8

Curriculum Vitae

INTERNSHIPS AND RESIDENCIES:

07/1997-06/2001	Obstetrics and Gynecology	Maimonides Medical Center Mount Sinai GME Consortium Brooklyn, NY
-----------------	---------------------------	--

EMPLOYMENT HISTORY

06/2011-Present	Chief Medical Officer Midland Community Healthcare Services Midland Texas
09/ 2008- 03/2011	Solo Practitioner OB/GYN ~ Hospital Based Multi Specialty Group MCH Professional Care (24/7 ON CALL/ Delivery at Two Hospitals) Odessa, Texas
07/2001-08/2008	Assistant Professor/Clerkship Director Texas Tech University Health Sciences Center Odessa, Texas

LICENSURES AND CERTIFICATIONS:

01/2004	Diplomat American Board of Obstetrics and Gynecology
11/2003	Certified Professional Coder-Physician American Academy of Professional Coders
05/2002	Texas State Medical License
05/2001	New York State Medical License

Eliseo Rivera, MD, MBA, FACOG
Page 3 of 8
Curriculum Vitae

ACADEMIC APPOINTMENTS:

03/2005	Assistant Professor	University of North Texas Health Science Center Fort Worth, TX
07/2001	Assistant Professor	Texas Tech University Health Sciences Center Odessa, TX
07/2001	Assistant Professor	School of Allied Health Sciences Texas Tech University Odessa, TX

HOSPITAL APPOINTMENTS:

01/2017	OB Section Chief	Midland Memorial Hospital Midland, TX
09/2001	Associate House Staff	Medical Center Hospital Odessa, TX
08/2005	Active Admitting Physician	Midland Memorial Hospital Midland, TX
06/2010	Active Admitting Physician	Odessa Regional Medical Center

HONORS AND DISTINCTIONS:

2010	Merck Vaccination Service Award
2006	Outstanding Master of Business Administration Graduate School of Business University of Texas of the Permian Basin Odessa, TX
2006	Beta Gamma Sigma Honor Society School of Business University of Texas of the Permian Basin Odessa, TX

Eliseo Rivera, MD, MBA, FACOG

Page 4 of 8

Curriculum Vitae

HONORS AND DISTINCTIONS:

- | | |
|------|--|
| 2005 | Excellence in Teaching Award
The Council on Resident Education in Obstetrics and Gynecology |
| 2004 | Excellence in Teaching Award
Association of Professors of Obstetrics and Gynecology |
| 2004 | Sigma Beta Delta Honor Society
School of Business University of Texas of the Permian Basin
Odessa, TX |
| 2004 | Who's Who Among Students in American Universities and Colleges
University of Texas of the Permian Basin
Odessa, TX |
| 2003 | Compliance Award
Texas Tech University Health Sciences Center
Lubbock, TX |
| 2003 | Excellence in Teaching Award
Association of Professors of Obstetrics and Gynecology |
| 2002 | Residents Appreciation Award
Texas Tech University Health Sciences Center, Odessa |
| 2002 | Hispanic Center of Excellence Scholarship
Funded complete M.B.A. Program
Texas Tech University Health Sciences Center
El Paso, TX |
| 2001 | Chief Resident of the Year Award
Maimonides Medical Center
Brooklyn, NY |
| 1999 | Second Year Resident of the Year Award
Maimonides Medical Center
Brooklyn, NY |
| 1997 | Ponce School of Medicine
Clinical Academic Distinction
Ponce, P.R. |

Eliseo Rivera, MD, MBA, FACOG

Page 5 of 8

Curriculum Vitae

HONORS AND DISTINCTIONS:

1997	United States Naval Reserve Honorable Discharge
1996	National Defense Service Medal United States Navy
1993	United States Naval Meritorious Service Medal United States Navy
1993	Cum Laude University of Puerto Rico Rio Piedras, P.R.
1989	Engineering "A" School Honor Graduate Naval Training Command Great Lakes, Illinois

PROFESSIONAL SOCIETIES:

11/2002	American Academy of Professional Coders
08/1997	American College of Obstetrics and Gynecology
06/2004	American College of Physician Executives
02/2004	Health Information and Management System Society

COMMUNITY ACTIVITIES:

2/25/2015	Founding Vice-President of the Permian Basin Hispanic Medical Society and Foundation Odessa, TX
02/2010	Guest Speaker: Family and Educational Development The Career Center Odessa, TX

Eliseo Rivera, MD, MBA, FACOG

Page 6 of 8

Curriculum Vitae

COMMUNITY ACTIVITIES:

- | | |
|----------|--|
| 06/2010 | Guest Speaker: Texas Pre-Freshman Engineering Program
University of Texas of the Permian Basin
Odessa, TX |
| 11/2009 | Guest Speaker: H1N1 Influenza Vaccination
Channel 9, Odessa, TX |
| 10//2009 | Guest Speaker, Breast Cancer and Cervical Cancer Screening
Telemundo, Odessa, TX |
| 06/2005 | Guest Speaker: Prenatal Care, Breast Cancer and Cervical Cancer in
the Odessa population
Univision, Odessa, TX |
| 12/2004 | Guest Speaker: Sexuality and Sexually Transmitted Diseases
The Career Center
Odessa, TX |
| 09/2004 | Guest Panelist: Oral Contraception, Sexuality, and Sexually
Transmitted Diseases
Channel 14
Odessa, TX |
| 06/2004 | Guest Speaker: Sexuality and Sexually Transmitted Diseases
The Clover House
Odessa, TX |
| 03/2004 | Guest Speaker: Sexual Abuse
The Crisis Center for Abused and Battered Woman
Odessa, TX |
| 12/2003 | Guest Speaker: Sexuality and Sexually Transmitted Diseases
Odessa College
Odessa, TX |
| 11/2003 | Guest Speaker: Sexuality and Sexually Transmitted Diseases
University of Texas of the Permian Basin
Odessa, TX |

Eliseo Rivera, MD, MBA, FACOG

Page 7 of 8

Curriculum Vitae

MAJOR ADMINISTRATIVE RESPONSIBILITIES:

- 01/2017-Present OB Section Chief Midland Memorial Hospital
Midland Texas
- 06/2011-Present Chief Medical Officer
Midland Community Healthcare Services (MCHS)
Midland Texas
- 09/2008-3/2011 Clinical Director of OB/GYN Solo Practice
MCH Professional Care
Odessa Texas
- 07/2001-06/2007 Clerkship Director
Texas Tech University Health Sciences Center
Odessa, TX
- 07/2000-01/2001 Administrative Chief Resident
Maimonides Medical Center
Brooklyn, NY
- 01/1991-02/1995 Petty Officer Third Class
United States Navy

COMMITTEES:

- 01/2017-Present Surgical Control
Midland Memorial Hospital
- 01/2017-Present Medical Executive Committee
Midland Memorial Hospital
- 01/2017-Present Information Technology Advisory Committee
Midland Memorial Hospital
- 06/2011-Present Chair-Electronic Medical Record Committee
Midland Community Healthcare Services
- 06/2011-Present Chair- Quality Assurance Committee
Midland Community Healthcare Services

Eliseo Rivera, MD, MBA, FACOG

Page 8 of 8

Curriculum Vitae

COMMITTEES:

- | | |
|-----------------|--|
| 10/2008-3/2011 | Electronic Medical Record Initialization Site
MCH Professional Care |
| 10/2008-10/009 | Chairman Electronic Medical Record Committee
MCH Professional Care |
| 09/2009-02/2011 | CPOE Committee Member
Medical Center Hospital |
| 09/2009-10/2010 | Blood Utilization Committee
Medical Center Hospital |
| 09/2009-10/2010 | Board Member
MCH Professional Care Board |
| 01/2003-05/2006 | Faculty Executive Committee
Texas Tech University Health Sciences Center
Odessa, TX |
| 05/2005-08/2008 | Strategic Planning Committee
Texas Tech University Health Sciences Center
Odessa, TX |
| 06/2005-08/2008 | Electronic Medical Record Search Committee
Texas Tech University Health Sciences Center
Odessa, TX |

LANGUAGES:

English and Spanish
Proficient verbal and written communication skills in both
languages.

APPENDIX F: RESUMES

Michael J. Austin

SKILLS PROFILE

- Over 18 years of experience in professional executive positions involving various fields such as medical, engineering, construction management, contracts, public & media relations, marketing, environmental, and government affairs.
- Decisive and results-oriented with proven ability to work with a high level of autonomy with professionals from widely varying backgrounds towards common goals or clearly established outcomes.
- Skilled in navigating complex aspects of projects, planning, and implementation.
- High level of success in securing funding for projects from State, Federal and Private institutions and foundations.
- Extensive experience in public speaking, media relations, video/audio production, marketing, and website creation. Superior communications skills both verbal and written.

EMPLOYMENT HISTORY

Chief Executive Officer

August 2005-Present

Midland Community Healthcare Services

Midland, TX

- Responsible for a 501(c)(3) primary care organization employing 100 professionals and an annual budget of 8.5 million dollars.
- Secured government related funding from HHS, DSHS, BPHC.
- Secured funding for construction and expansion capital project via private foundations.
- Responsible for all media, marketing, web, outreach activities and publications.
- Full responsibility for the performance of the organization as an FQHC.
- Liaison with all contractors hired by company for construction, maintenance, physical plant, and medical services.
- Successfully led internal initiatives to standardize compliance document tracking, UDS tracking, and financial reporting.
- Participate in HR, QA/QI, and HIPPA functions. Oversee HR, Accounting, Billing, AR/AP depts. Etc.

July 2001-August 2005

Marketing & Development Officer

Ellen Noël Art Museum

Odessa, TX

- Responsible for all grant and fundraising activities. Secured over \$900,000 in grant funding annually.
- Assessed and improved physical plant functioning, maintenance, and expansion by leading a team of outside professionals.
- Extensive public speaking and public relations/marketing. Created award winning brochures and videos for the Museum.
- Oversaw and created all departmental budgets and cost tracking.

Rostra Precision Controls

September 1998-July 2001

Project Director*Midland, TX*

- Hired to facilitate technical issues surrounding the sale of a company (Jacobs Electronics) to Rostra Precision Controls and its packaging for out of state relocation.
- Responsible for brand management, new product development, and applications. Developed & launched 6 new products (1999) that constituted 20%+ of gross (\$9 Million) revenues.
- Developed national co-marketing alliances with national retailers and corporate partners such as 7-11, Western Auto, Arco, Pep Boys, and others.
- Led 5 teams of professionals from various disciplines with up to 12 people per team.
- Working within a \$1.5 million budget, I met all product development and testing goals as well as marketing, product roll out, and introduction schedules.
- Oversaw and directed the company's strategic planning and multi-media (national level) marketing campaigns for all products and media relations. Created new marketing channels (including all company e-commerce activities - now a major sales channel), and revitalized existing ones.
- Revised all customer service and end-user programs to provide better feedback for improved long-range strategic planning, positioning, and alignment with key market segments.
- Facilitated new communications and planning processes that allowed the company to respond & develop new products for target markets more quickly than was previously possible.
- Monitored the administrative and financial tracking process for all functional teams under my direction for budget and time line performance.
- Compiled and/or analyzed all data pertinent to the company's product reliability, performance, sales, ROI, internal cost tracking / budgeting / auditing and marketing efforts.

AIPC/POEP

February 1996-June 1998

Executive Director*Albuquerque, NM*

- The largest non-profit technical consortia in the U.S., it is responsible for investigation, oversight monitoring, remediation, regulation, and compliance issues on federal and Tribal lands in NM.
- Responsible for all aspects of the organization's performance as the Lead Environmental / Technical Agency on Federal and Tribal lands in the state of New Mexico.
- Directed 35 personnel in responding to 450 hazardous environmental sites. Reported dually to the U.S. EPA and the AIPC (the largest Sovereign Nation governing body in the U.S.).
- Obtained \$25 MM annually in federal and state grant funding and ensured appropriate fund use.
- Presented material and situational briefings to the BIA, DOE (National Labs), EPA, NMED, Corps of Engineers, House & Senate subcommittees, the Office of the President, and local and national media.
- Authored: UST Regulations - Federal / Tribal Lands; First SARA Title III program for Tribal communities (CRTN); Surface water standards under Part 103/104 (Safe Drinking Water Act).
- Implemented Quality Assurance plans and engineering / documentation controls for all phases of initial site response, investigation, monitoring, and remediation.
- Facilitated the first interagency hazardous response network with the BIA, DOE, EPA, NMED, and Corps of Engineers.
- Audited historic grant and funding systems for compliance with current GAO and EPA standards. Received Federal Grant Management Certification Training.

APPENDIX F: RESUMES

Faith Engineering

January 1993-February 1996

Director

Albuquerque, NM

- Responsible for day to day technical operations, reporting, and proposal creation. Primary contact for all clients. Oversaw all in-house equipment manufacturing maintenance efforts.
- Supervised a technical staff of 6, and up to 12 subcontractors on numerous sites.
- Administered state / private contracts awarded to the company from \$50,000 to \$1.2 million.
- Developed in-house leasing and manufacturing capabilities for a new line of remedial equipment that improved site monitoring, up-time, and effectiveness resulting in the company becoming one of the largest state-lead contractors in New Mexico. Responsible for all marketing and media relations.
- Aggressively expanded marketing efforts to other state agencies and private organizations to help to diversify the income base.
- Wrote all necessary periodic reports and site budget tracking information to ensure timely compliance with all contract specifications.
- Led marketing efforts for the remedial products & leasing lines to a wider range of private clients and out-of-state government prospects.
- Provided expert testimony to state and private clients as well as public relations.

Western Technologies, Inc.

June 1992-January 1993

Project Manager (Contract)

Phoenix, AZ

- Civil engineering, environmental, & testing firm with 9 southwest U.S. offices. Responsible for turning around the company's equipment manufacturing & installation programs.
- Charged with quickly assessing the economic viability of the department and to create a strategic plan that would ensure profitable survivability amidst a current industry downturn while retaining the ability to respond quickly in rapidly changing market.
- Directed over 40 professionals in 9 branch offices in a coordinated effort that reduced field-work requirements resulting in a 20% savings on fixed-bid contracts.
- Implemented stringent equipment, fabrication and production, materials management, and contracts / subcontractor specifications that doubled profitability on fixed bid contracts.
- Established telemetry (SCADA) as a means of documenting remediation sites in remote areas thereby reducing monitoring personnel costs by 70%.
- Developed a program for standardized remediation equipment and process selection that reduced site-specific engineering times by 50%.
- Provided input on company wide strategic planning issues and potential new markets.
- Advised on revisions necessary to the company's Quality Assurance documentation pertaining to new remedial technologies (updates are required by state / federal law).

APPENDIX F: RESUMES

U.S. Technical Environmental Consulting

October 1988-June 1992

Director, Remediation Services

Tempe, AZ

- The largest environmental consulting and engineering group headquartered in the southwestern U.S. Specializing in USTs and other RCRA issues, revenues were in excess of \$36 million annually. Recruited to oversee physical equipment engineering & installation programs.
- Redirected the Remediation Services Group during the startup and growth phase to achieve sustainable profitability, improved response time, and better field resources utilization than the company had previously been able to achieve.
- Led teams of 9 professionals and 20 subcontractors on site-specific projects, and over 150 vendors during in-house equipment manufacturing.
- Achieved the highest profitability and ROI in the company in 1 year while working within the constraints of fixed-bid proposals prepared by me & my teams, resulting in 10% of the company staff generating 67% of the company's billings (\$23 million).
- Pioneered remote telemetry control & monitoring on national remediation sites using various remedial technologies - some first of their kind.
- Established in-house manufacturing reducing equipment acquisition costs by over 50%.
- Improving equipment reliability to over 98% up-time (unprecedented at that time).
- Reduced travel and field monitoring costs over 75%.
- Organized the first standardized bioremedial applications laboratory and the first field application of "Bio-Automation" via telemetry of a remedial site (Bioremediation Engineering certification, ASI - San Diego, 1991).

BMW of NA (Motorcycle Division)

March 1986-May 1989

Technical Services Administrator

Mt. View, CA

- Responsible for working with select motorcycle dealerships focusing on product improvement and increasing customer satisfaction through improved and innovative customer service and west coast media relations. Initiated some of the first direct-to-factory feedback pertaining to product issues. Dealerships under my direction were consistently rated the highest nationally in customer satisfaction.

Operations Manager / Co-Owner

February 1980-February 1986

Carmel Enterprises, Inc.

Carmel, CA

- Start-up business specializing in custom metal and plastic fabrication, prototype development and short-run productions for the OEM and aftermarket automotive equipment manufacturers, architectural designers, and aircraft industries. Company revenues approached 4 million dollars in Fiscal Year 1986.
- Company diversified in 1981 and opened a contract-only facility specializing in the repair and maintenance of vehicles for large-fleet operators with emphasis on preventive maintenance and driver education to lower operational costs & improve reliability of client fleets.
- Maintained profitability of multiple ventures from start-up to sell-off.

APPENDIX F: RESUMES

ASSOCIATIONS, EDUCATION, TRAINING

- Member, American Marketing Association.
- National Marketing Association.
- Private consultant to the Human Factors industry on cognitive interactions of individuals & technology. Clients include Human Factors International, Inc. (London, New York); Maya Group (Boston); Jay More & Associates, Fairfield, Iowa, as well as media studios Fireworks Productions (Toronto); Elstree Studios (London); and others.
- Member, Odessa Chamber of Commerce, Tourism and Development Board.
- Computer literate on various platforms: IBM; Windows, MS Office, Excel, Word, Access, Project, Outlook, etc. Mac; Claris, Adobe, HomePage, Canvas, Word, Gridzo, LanAir, etc.
- Familiar with HTML publishing & site creation, e-commerce administration and site initiation.
- Private Pilot.
- Licensed A & P mechanic.
- Member, Arizona State Aviation Council.
- Member, General Aviation Manufacturer's Association.
- Co-patented several aircraft control systems.
- B.S. Business Administration (emphasis on Engineering Management) 02/94, Century University, Albuquerque, NM.
- Additional degrees in behavioral sciences, 1995-1997 (American Institute of Health Technologies, Youngstown, Ohio, M.S.; Ph.D. Parapsychology).
- Author of several published Management Theorems. (Century University Press - 1993-1994).
- President of the Board, Planned Giving Council of the Permian Basin (2005-2006)
- Member, Association of Fundraising Professionals.

Ms Lara Turk

APPENDIX F: RESUMES

Email:

Cell:

-Personal Information-

Date of Birth:

Children:

-Goals-

- To continue to further my career as an advanced degree nurse.
- To continue to provide quality care to women throughout the lifespan as a Women's Health Nurse Practitioner.
- To continue to hone my professional nursing skills in a clinic environment.

-Licenses and Certifications-

- Women's Health Nurse Practitioner Certification
Issued by the National Certification Corporation
Recognized by the Texas State Board of Nursing
With Prescriptive Privileges
Up for renewal - 2018
- Advanced Practice Nursing License
Issued by the Texas State Board of Nursing
Up for renewal - January, 2019

NPI: 1871816090

-Work Experience-

June 2016 – June 2018

Nurse Practitioner - Restore Cryotherapy, Round Rock, TX

Duties Include: Building and managing IV drip therapy faction of start up wellness company.
Formulate custom vitamin drips for a diverse range of clientele.

Reason for leaving: Return to women's health

September 2014 – June 2016

Nurse Practitioner – Advanced Pain Care

Duties Include: Evaluation, Diagnosis and treatment of Chronic Pain Patients, including joint injections, trigger point injections and joint manipulations in office as well as medication management and physical therapy plans of care.

-Work Experience-

- September 2010 – August 2014
Women's Health Nurse Practitioner – Labor and Delivery Department, Triage Unit, Scott and White Memorial Hospital, Tempe, TX
 Duties Include: Evaluation, Diagnosis, Treatment, and Admission/Discharge of any and all pregnant patients presenting to the Labor and Delivery Unit in various stages of emergency.
- July 2010 – August 2014
PRN Staff Nurse – Scott and White Memorial Hospital, Temple, Texas
Labor and Delivery Dept. – Robin Cook, Supervisor - (254) 724-3350
 Duties Include:

 - Evaluating/treating/discharging patients in triage unit.
 - Education of new physicians in appropriate obstetrical triage.
 - Precepting/educating nurse interns.
 - Providing anesthetic and post anesthetic care.
 - Providing supportive care for nonviable newborns and bereaved clients and their families
 - Circulating and surgical teching of obstetrical operative procedures including c-sections, bilateral tubal ligations, egg retrievals, cerclages, and dilatation and curettages.
- February 2010 – April 2010
Women's Health Nurse Practitioner – North Austin Maternal Fetal Medicine, Austin, Texas – Dr. DeStefano, Supervisor - (512) 821-2540
 Duties Include:

 - Managing complications of high risk obstetrical patients.
 - Included management of chronic hypertension, pre-eclampsia, thrombophilias during pregnancy, IDDM, and other complications in pregnancy.

Reason for leaving: NP position eliminated to make way for new MD hire.
- July 2002 – January 2010
Staff Nurse – Scott and White Memorial Hospital, Temple, Texas
Labor and Delivery Dept – Robin Cook, Supervisor - (254) 724-3350
 Duties Include:

 - Laboring, Delivering, and Recovering clients.
 - Evaluating/treating/discharging patients in triage unit.
 - Education of new physicians in appropriate obstetrical triage.
 - Precepting/educating nurse interns.
 - Caring for transitioning and coupleting newborns.
 - Providing anesthetic and post anesthetic care.
 - Providing supportive care for nonviable newborns and bereaved clients and their families
 - Circulating and surgical teching of obstetrical operative procedures including c-sections, bilateral tubal ligations, egg retrievals, cerclages, and dilatation and curettages.
 - Serve as Relief Charge Nurse.

-Work Experience Continued-

- July 2002 – January 2010 (con't)

Perinatal Bereavement Program Coordinator – SWMH, Temple, TX

Duties Include:

- Obtaining donations and grants for Hospital based program.
- Coordination of annual memorial service and common grave burial of nonviable and intrauterine fetal demise remains.
- Ordering and maintaining bereavement supplies.
- Educating staff as to current standards of bereavement care.
- Providing clients and family with support during bereavement process.
- Keeping staff up to date with requirements held by State of Texas in regards to care of and disposition of remains of nonviable infants.

Reason for leaving: Accepted NP position with North Austin MFM

- January 2006 – May 2007

Gymnastics Coach – Capital Gymnastics – Georgetown, Texas

Annette Thomas, Supervisor (512) 864-1334

Duties Include:

- Teaching gymnastics classes to girls and boys ages 4-7
- Coaching competitive gymnastics team – girls age 8-14
- Choreographing competitive gymnastics routines.
- Organizing and leading gymnasts through strength, conditioning, and flexibility regimens.

- October 1995 – December 1999

Office Manager – Lehle Seeds, Round Rock, Texas - (512) 388-3945

Lehle Seeds is a company that supplied educational institutions and the Plan Genome Project with *Arabidopsis thaliana* seeds for genetics research.

Duties Include:

- Taking, filling and shipping of orders.
- Accounts receivable and collections.
- General clerical and secretarial duties.

- June 1993 – September 1999

Research Assistant – University of Texas at Austin, Austin, Texas

Biomedical Engineering Department – (512) 471-1826

Duties Include:

- Assisting graduate students with their graduate projects and research.

-Education-

APPENDIX F: RESUMES

- | | | |
|--|---|--|
| • <u>June 2006 – Dec 2008</u>
<i>Degree Earned:</i> | <u>University of Cincinnati</u>
<i>Masters of Science in Nursing</i> | Cincinnati, OH |
| • <u>Aug 1999 – May 2002</u>
<i>Degree Earned:</i> | <u>Arizona State University</u>
<i>Bachelors of Science in Nursing</i> | Tempe, AZ |
| • <u>Jan 1999 – Aug 1999</u> | <u>Montana State University</u>
Nursing Department | Bozeman, MT |
| • <u>Dec 1994 – Dec 1998</u>
<i>Certification Earned:</i> | <u>Austin Community College</u>
<i>Emergency Medical Tech – Basic</i> | Austin, TX |
| • <u>June 1993 – Dec 1994</u> | <u>University of Texas</u>
Mechanical Engineering Department | Austin, TX |
| • <u>Aug 1989 – May 1993</u>
<i>Degree Earned:</i> | <u>Pflugerville High School</u>
<i>High School Diploma</i> | Pflugerville, TX
<i>With Honors</i> |

-Extracurricular Activities and Honors-

- Mother of five incredible individuals: Cody, 22, resident rock star and family genius, [REDACTED], 17, senior in high school set to embark on culinary/baking career, [REDACTED], 15, family natural athlete, with almost as many trophies in baseball as mom has in gymnastics, [REDACTED], 11, comic relief, incredible memory for all things movie related, and [REDACTED], 1, dimpliest, fattest, happiest baby since the dawn of time.
- 2016-2018 Volunteer partner mediator/facilitator with CSAT in support group for female partners of addicts.
- Competitor in 2014-2016 Garage Gym Throwdown
- CrossFit Games 2010 Regional Qualifier – Affiliate Team Competitor
- Chief Organizer - 2010 "Amazing Grace" Barbells for Boobs – benefiting Mammograms in Action
- Coach of third place team, and second place biggest individual loser – Biggest Loser Weight Loss Competition – Scott & White Memorial Hospital
- USSSA World Series Team Mom – Team Citius Centex Baseball Team
- Recognized Customer Service Star – Scott and White Memorial Hospital
- Winner of the first Scott & White Idol Competition benefiting The United Way
- Member Golden Key National Honor Society – Montana State Univ Chapter
- Former member St. Mark's Chancel Choir, St. Mark's Church – Mesa, AZ
- Former member Theatre Workshop – Mesa, AZ
- Former member United States National Gymnastics Team
- Former National Balance Beam Champion
- Was "Best of the Best" in Annual Speech Competition – Montana State University
- Gave commencement speech at Arizona State University's College of Nursing Commencement – Tempe, AZ
- Winner of the first Ranch Idol Competition, The Ranch Saloon, Temple, TX

APPENDIX F: RESUMES

LESLIE A. WILLKOM

SUMMARY

Proven skills in management, organization, and research with a background in executive business administration. Driven to achieve excellence with every endeavor. Exceptional communicator of complex materials garnering the support of colleagues for expedient and efficient project completion. Able to execute program directives, manage programmatic activities, prepare program budgets. Oversee the determination of program strategic direction processes, methods of operation, performance reports, guidelines and tools, and grant writing. Bilingual – Spanish

EXPERIENCE

CHIEF OPERATING OFFICER

June 2017 – Present

The Heidi Group

The Heidi Group exists to ensure that all Texas women have access to quality healthcare by coordinating services in a statewide network of full-service medical providers.

Manage relationships with clinic sub-contractors (including FQHC's) across Texas to successfully increase the patient loads specific to the Healthy Texas Women and Family Planning Programs. Manage a team that coordinates outreach, and eligibility training programs for a non-profit organization and clinic sub-contractors. Designs programs that align with the organization's mission and support the organization's goals. Schedules and oversees planning for special events that publicize the organization and its programs to the community. Participates and leads in DSHS desk reviews and audits as necessary.

- High touch client service style coupled with re-training of clinic front desk, billing, and provider staff increased patients served by 104% over a 90-day period.
- Created policies and procedures governing the organization's core services and delivered onsite training.
- Designed and delivered onsite HTW and FPP training to FQHC and mid-level provider personnel across state
- Assisted clinic sub-contractors through a new HHSC Desk Review audit process.

COMMUNITY OUTREACH SPECIALIST

Marketing and Social Media worked closely with CEO and Program Director to identify target market, outline goals, and set budgets for advertising campaigns. The main goal is to find the most effective means of informing the public of available programs of our clinic partners.

Marketing

- Develop and implement a comprehensive marketing plan to include social media (Facebook, Twitter, and YouTube).
- Work with television, radio, and newspaper outlets and explain the organization's ideas to agency account executives, station managers, and salespersons.
- Work closely with Program Director on event – related marketing materials and campaigns.
- Develop new partnerships and maintain strong relationships with outside partners.
- Develop and maintain strong negotiation, organizational, and coordination's skills.
- Develop and implement all marketing and advertising projects.
- Provide name of clinic and/or provider, copy of ad, dates or date range ad is running, total number of spots including Public Service Announcements matched, and provider approval of advertising campaigns to Program Director.
- Develop and implement a comprehensive marketing plan to include social media.

APPENDIX F: RESUMES

- Works with television, radio, and newspaper outlets and explains the organization's ideas to agency account executives, station managers, and salespersons.
- Promote video clips and enhance social media outlets and opportunities to maintain communication and build fan base.
- Works closely with Eligibility Director with event – related marketing material and campaigns.
- Develop and implements all marketing and advertising projects.
- Provides the name of clinic and/or provider, copy of ad, dates or date range as is running, total number of spots including Public Service Announcement matched to the CEO for approval.
- Develop, maintain, track, and analyze website and social media performance.
- Perform other duties as assigned.
- Provide CEO with all written drafts, audio, and commercials for final approval of its effectiveness.

SOCIAL MEDIA

- Develop and implement comprehensive social media marketing plan.
- Manage and update Facebook pages and websites.
- Promote video clips
- Enhance social media outlets and opportunities to maintain communication and build fan base.
- Track and analyze website and social media performance.

VOLUNTEER April 2017 – June 2017

Volunteered with The Heidi Group as an Executive Administrative Assistant / Strategic Planner prior to being hired into the organization.

PROGRAM DIRECTOR for AFTERSCHOOL PROGRAM 2010 – 2017 Rise Martial Arts

Overall direction of the program: • developing program mission, goals, and policies • program implementation and evaluation • administration, including fiscal management • organizational development, including management of human resources • Responsible for finances of program and managing purchase of supplies

Supervision and guidance of children in the program: • program planning • planned games, sports, and arts and crafts for elementary school children • positive role model, strong presence, and friend daily to large group students • providing academic instruction, advocacy, and crisis management • Participated in special needs meetings for students who attended the program

Daily operations of the program: • supervising staff • communicating with families • building relationships with the host community • overseeing all program activities

HOMESCHOOL TEACHER 2002 - 2017

Highly accomplished and reliable Homeschool Teacher with a strong background in individualized homeschool planning and instruction.

- Extensive homeschool instruction experience.
- Skillfully managed multiple students from 1st grade through 12th grades.
- Strong abilities in lesson planning and demonstrations.
- Exceptional skills in tailoring instructional style to individual student needs.
- High skills in coordinating lesson plans with parents for appropriateness and completeness.
- Designed and provided in-home specialized instruction in English math and life science for each child.
- Accommodated student and family priorities in establishing teaching schedules.
- Ensured adherence to all relevant state standards for curriculum development.
- Maintained and updated student progress files.

APPENDIX F: RESUMES

SALES SUPPORT SPECIALIST	1999 – 2002	Pulse Orthopedics Austin, TX
Handle customer inquiries, complaints, billing questions and payment extension/service requests. Calm angry callers, repair trust, locate resources for problem resolution and design best-option solutions. Interface daily with internal partners in accounting, field services, new business, operations and consumer affairs divisions.		
<ul style="list-style-type: none">• Resolved an average of 350 inquiries in any given week and consistently met performance benchmarks in all areas (speed, accuracy and volume).• Became the lead “go-to” person for new reps and particularly challenging calls as one of the company’s mentors and trainers of both new and established employees.• Helped company attain the highest customer service ratings (as determined by external auditors)—earned 100% marks in all categories including communication skills, listening skills, problem resolution and politeness.• Commended for initiative, persuasiveness, intense customer focus and dependability in performance evaluations.		

EDUCATION

2018 – Present	Business Administration, Saylor Academy, Washington, D.C.
2013 – 2017	Elementary Education in Disciplinary Studies, Liberty University, Lynchburg, VA.
1990	High School Diploma, Motley County High School, Matador, TX.

Mariah A. Herrera

Core Qualifications

- Detail Oriented
- Cash Handling Experience
- Professional demeanor
- Strong interpersonal communication skills
- Strong Organizational and Planning Skills
- Customer Service Oriented
- Team Player
- Front Desk Experience

Experience

The Heidi Group

Clinic Director

Round Rock, Texas

April 2018 to Present

Manage individual(s) including but not limited to: hires, training, work assignments, manages; Administer direct and coordinate activities of the clinic; Provide thorough supervision for day-to-day operations of facility in accordance with policies; Actively maintain up-to-date knowledge of applicable state and Federal laws and regulations; Review and approve time cards for processing by payroll department.

The Heidi Group

Executive Assistant

Round Rock, Texas

February 2018 to April 2018

Maintained multidimensional complex calendar events and created highly effective organized filing system; Prioritized emails, received incoming calls, scheduled meetings; Drafted correspondence, conducted online research, provided pickup and delivery courier service; Created, prioritized and modified documents making the office more efficient using Excel, spread and Data sheets; Typed up all contracts for clients and briefed them with the CEO; Handled confidential material at the highest level

The Heidi Group

Administrative Assistant

Round Rock, Texas

October 2018 to February 2018

Provided administrative support to the CEO of The Heidi Group. Answered multiple console telephone system; Composed, prepared, edited, and distributed correspondence and other department documents; Ordered and distributed office supplies; Arranged conference rooms and facilities for meetings as required; Formatted visual presentations for speeches and meetings using state-of-the-art applications and equipment; Filed documents to maintain an organized and efficient office environment.

New Era Home Healthcare Solutions

Round Rock, Texas

November 2015 to May 2016

Personal Care Attendant

Perform duties as Personal Attendant to elderly and/or limited-ability patients. Assist with home maintenance and organization for patients. Assist with daily cleaning duties, including sanitizing, dusting, wiping down windows and mirrors, vacuuming, and waste disposal. Assist with daily duties for supply shopping, including groceries, household items, personal items, etc.

Mariah A. HERRERA
[REDACTED]

New Era Home Healthcare Solutions
Front Desk and Billing Specialist

Round Rock, Texas

September 2014 to January 2015

Perform front desk duties, including greeting clients upon arrival. Prepare and maintain healthcare and billing records, including letters, statements, billing forms, etc. Assist with maintenance of office and supply inventory. Coordinate professional services offered by business. Prepare and transmit billing and invoicing information for insurance companies. Process client payments and records keeping. Perform data entry. Utilize multi-line telephone systems. Correspond with clients via telephone, email, and in-person. Prepare spreadsheets and reports. Practice confidentiality procedures for critical and highly sensitive information and documentation. Provide administrative support to healthcare professionals and other personnel. Assist with daily cleaning duties, including sanitizing, dusting, wiping down windows and mirrors, vacuuming, and waste disposal.

Education

University of Phoenix
Bachelor's Degree in Healthcare Administration

Anticipated Graduation Date November 2019

Everest Institute
Medical Insurance Billing and Coding Diploma

May 2011

Taylor High School
High School Diploma

May 2009

Critical care RN in pediatric setting as member of the health care team within nurse educator contractual obligations. Assistance with implementation of software and hardware HIM in clinical setting including migration of records.

ST. DAVID'S MEDICAL CENTER, Austin, Texas

2002 to 12/2008

RN / EMERGENCY ROOM (4/2007 to 12/2008)

Critical care RN providing patient care to critically ill clients as member of the health care team. Also involved with implementation of critical care software.

PATIENT CARE TECHNICIAN II (2002 to 2003)

Re-entered healthcare field by providing direct patient care and technical support services in the Surgical Services and Emergency Departments under supervision of physicians, registered nurses, and surgical technicians. Trained new employees.

NGO Volunteerism & Leadership • 2005 to Present

PROJECT HOPE ~ Humanitarian Relief Efforts / In Country and Onboard USN/USNS Ships

MEDICAL DIRECTOR, Guatemala / El Salvador CA (USS BOXER Operation Continuing Promise 2008

April to June 2008

MEDICAL DIRECTOR, Republic of the Philippines / Vietnam / Papua New Guinea / Solomon Islands /

Republic of the Marshall Islands (USS Peleliu Pacific Partnership 2007)

July to September, 2007

CHIEF NURSING OFFICER, Republic of the Philippines / Indonesia (USNS Mercy)

May to June, 2006

DIRECTOR OF NURSING, Indonesia Tsunami Relief Effort (USNS Mercy)

January to March, 2005

Coordinated with military and non-military entities of multiple governments as key member of volunteer leadership of non-governmental (NGO) organization providing humanitarian medical assistance during times of acute crises or on medical diplomacy / humanitarian assistance missions.

- Requested by Project HOPE and military leadership to assist with design of and leadership of complex international medical and educational humanitarian missions. Demonstrated uncompromising leadership, unflagging energy and critical care nursing abilities to lead 100s of healthcare volunteers (medical, nursing, nurse educators, ancillary professionals, etc.) and accomplish objectives of extremely complex and politically sensitive international missions.
- Drew upon specialized knowledge of and experience working with US military and the US Navy Fleet Command element and personnel. Managed 20-150 direct report civilian volunteers, coordinated patient logistics and provided clinical and educational expertise as appropriate. Coordinated operations with US and foreign civilian and military medical and logistics resources.
- Functioned as civilian ambassador to political and military entities including US and host nation dignitaries. Guest speaker at various venues to present mission accomplishments and assist with mission funding.
- Assisted with administration and coordination of gift-in-kind donations and dispensing of over \$8MM of pharmaceuticals and other medical supplies.
- Trained volunteers in use of USN medical systems including CPRS/VISTA.
- Provided direct patient care and culturally competent care to patients and their families.

IT/ IS Network Security, Administration & Project Management • 1993 to 2002

Honed leadership skills building teams, solving complex technical problems and managing large-scale projects and special programs. Rapidly progressed from technical support, customer service and program administration (software volume licensing) roles to corporate IT integration, network operations and information security project management (at the Manager / Director level) culminating in independent network security design consulting (2002). Corporate employers and highlights:

- Lucent Technologies, Austin / Houston, Texas (2000 to 2001)—Network Project Manager of a multimillion-dollar telecommunications project implementing fiber optic system across Texas. Invoked high-level communications and

Student Advisory Committee to Provost:
Student Representative • 2004 to 2005

Bachelor of Science / Psychology • 1986 • UNIVERSITY OF HOUSTON

CERTIFICATIONS & LICENSES

Healthcare:

Registered Nurse / State of Texas • #710110
Basic Life Support (BLS) / BLS Instructor
HIMSS • Member (2010-present)

Technology Toolkit:

Microsoft Certified Systems Engineer (MCSE)
Microsoft Certified Professional (MCP) / MCP+Internet (MCP+I)
Checkpoint Certified Security Network Administrator (CCNA)
Certified Network Administrator (CNA)
CISSP (in progress)
Microsoft Volume Licensing Administration
Windows 2000 Server / Security / Exchange Advanced Training
Network Security & Forensics Training

Security:

TS / SCI awarded 1999 (not currently sponsored)

LEADERSHIP ACTIVITIES / VOLUNTEERISM

Medical / Disaster Preparation / Community Service / Civic Involvement

Project HOPE • 2005 to Present • Presidential Volunteerism Awards (2008, 2007, 2006, 2005)

Travis County Commissioner's Court Children's Protective Services Board member (2/2009-2012)

Healthy Child Care Task Force (TX) Board member/nursing representative (2007-2010)

Sigma Theta Tau International • Chapter President (2006 to 2008)

Texas Nurses Association • District 5 Board Member (2006-2008)

Federal & State Elections • Precinct Chair (2002 to 2004); Voter Registrar (2002 to 2004); Election Judge

Texas Medical Rangers • Volunteer

YMCA • Volunteer / Child Health Education Events

Neighborhood Association • Past Committee Chair

Austin Police Department • Victim Services / Volunteer Crisis Counselor (2000 to 2011)

Disaster Exercises • Volunteer (2004, 2003, 2001)

Meals on Wheels • Volunteer (2002 to 2003)

Chabacana Maxwell, RN, MSN, FNP-BC

Summary of Qualifications

- Ability to work in high pressure and fast paced environment.
- Experience in collaborating with physicians and staff in the management of patient care.
- Bilingual and fluent in both English and Spanish.
- Knowledge in all aspects of advanced nursing practice including patient assessment, medication administration, pain management, minor procedures, as well as patient counseling and care.
- Extensive experience and clinical training in the management and care of low and high risk obstetrical patients.

Professional Experience

May 2015- Present	Midland Community Healthcare Services, Midland TX.
March 2012- April 2015	<ul style="list-style-type: none"> • Family Nurse Practitioner-OB/GYN/Pediatrics Nueva Vida Maternity Clinic/ BCFS Mobile Unit, Laredo TX.
April 2013- October 2014	<ul style="list-style-type: none"> • Family Nurse Practitioner- OB/GYN Valley Day and Night Clinic, Laredo TX.
February 2011- May 2012	<ul style="list-style-type: none"> • Family Nurse Practitioner- Urgent Care Clinic Texas A&M International University, Laredo TX.
June 2004 – March 2012	<ul style="list-style-type: none"> • Canseco School of Nursing Adjunct Faculty Doctors Hospital of Laredo, Laredo TX. <ul style="list-style-type: none"> • Registered Nurse: Labor & Delivery • Certified hospital based instructor of American Academy of Pediatrics Neonatal Resuscitation Program 2008-2012. • Hospital and clinical preceptor for new graduate and inexperienced nurses

Education

Texas A&M International University at Laredo, Texas

- December 2010-Masters of Science in Nursing, Family Practitioner
- May 2004-Bachelors of Science in Nursing

Certifications/Licenses

- Board Certified Family Nurse Practitioner by American Nurses Credentialing Center
- Prescriptive Authority
- Licensed Registered Nurse since 2004
- Basic Life Support (BLS)

References

- Eliseo Rivera, M.D., MBA, FACOG Medical Director MCHS Midland TX, [REDACTED]
- Sandra Flores, WHNP-BC Director of Quality, Doctors Hospital of Laredo, [REDACTED]
- Miguel Saucedo, FNP-BC, Nurse Practitioner, Valley Day and Night Clinic, [REDACTED]
- David Benavides, M.D., P.A. OB/GYN, [REDACTED]

Corey Tabor

Experience

1/2010– Present Full Life Community Church Austin, Texas

Founder / Lead Pastor

- Establish the mission, vision and values of the church while leading the church to live them out
- Raise \$75,000 per year to accomplish the mission, vision and values of the church
- Establish ministries to the community and to the local community of faith
- Select, lead and develop leadership team that leads the church and its ministries

8/2012 – Present Austin LifeCare Austin, Texas

Austin LifeGuard Director / Staff Educator

- Oversee hiring, training, curriculum development and implementation of Austin LifeGuard Program
- Present sex and character education to students 6th-12th grade in 13 school districts in Central Texas
- Expanded program from 10,000 students to over 17,000 students and from 9 districts to 13 districts

9/2012 – Present History in the Making Community Development Center Austin, Texas

Founder / President

- Established the History in the Making Community Development Center to focus on education, economic development and family development.
- Planned and hosted the 2012 Austin Black Business Symposium designed to educate consumers and empower business owners in self help economics in the African American Community.
- Developing the H.I.M. Ambassador Program to develop leaders in the African American Community

6/2005 – 11/2009 Greater Mt. Zion Baptist Church Austin, Texas

Maturity and Ministry Pastor

- Partnered with pastoral and leader team to implement \$5 million capital campaign.
- Developed curriculum and presented to groups ranging from 10 people to 1,500 people.
- Created and implemented volunteer program including skills assessment and placement.
- Established and implemented 6-8 week skills development institute with over 300 people enrolled each semester.

7/2001 – 5/2005 InterVarsity Christian Fellowship / USA Austin, Texas

Campus Staff Member

- Established Texas Gospel Fellowship, a ministry to Black students at the University of Texas at Austin
- Grew the organization to 130 students in 4 years with a leadership team of 17 students
- Raised \$50,000 per year for staff and program budget through personal fund development
-

Education

7/1995 – 8/2000 The University of Texas at Austin Austin, Texas

B.S. Communication Studies / Human Relations (Business Foundations Program)

Awards: National Minority Leadership Award, Dean's Dozen, Cactus Goodfellow, Outstanding Orientation Advisor

2/2007 – 12/2017 Rockbridge Seminary Springfield, Missouri

Masters of Ministry Leadership

1/2018 – Present Bakke Graduate University Dallas, Texas

Doctorate of Transformational Leadership Student

Certifications: Human Behavior Consultant: *Uniquely You*, Life Coach: *Fowler Wainwright International*, Sexual Risk Avoidance Specialists: *Ascend*

ANDREW HERRERA



EXPERIENCE

JULY 2018 – PRESENT

ACCOUNTING SPECIALIST, THE HEIDI GROUP

PAY RATE – \$40,000 SALARY

SUPERVISOR – CAROL EVERETT

- Administer the day to day accounting functions for both HTW/FPP.
- Monitors subcontractor's programs by reviewing the billing; track number of patients, services provided, reimbursement amounts and other data.
- Process payroll for all staff, including running bi-weekly and semi-monthly payroll reports.
- Performs all other related duties as assigned.

DECEMBER 2017 – JULY 2018

ACCOUNT MANAGER / SECURITY SUPERVISOR, WALDEN SECURITY

PAY RATE – \$38,000 SALARY

EMPLOYEES SUPERVISED – 60

SUPERVISOR – RICK PRICE

- Manage the supervisory leads and security officer providing protection and access control across 5 sites and a secure lab complex housing with Texas HHSC and agencies.
- Liaise with Texas Facilities Commission, my contracted client, and tenant agencies addressing concerns and ensuring security staff fulfills contractual requirements.
- Other daily duties include: Maintaining prescribed standards in compliance with Standard Operating Procedures, applicable laws, regulations and policies and procedures. Communicate with management regarding scheduling, staffing, equipment, recordkeeping, and related matters to ensure smooth delivery of services.

OCTOBER 2016 – OCTOBER 2017

LASER OPERATOR / LAYOUT DESIGN, GEMINI INC.

PAY RATE – \$15.60 HR

EMPLOYEES SUPERVISED – 0

SUPERVISOR – JASON WESTFALL

- Reviews Production orders to insure familiarity with job requirements.
- Receives and reviews artwork from layout department.
- Determines the cutting paths and sequence of operations using appropriate software.
- Programs lasers with the correct cutting parameters.

- Sets up the laser with correct material.
- Lays out location of mounting studs.
- Performs inspection of letters before shipment to insure compliance with customer specifications and company quality standards.
- Maintains a complete and orderly file of all art work used.

MARCH 2015 – OCTOBER 2016

LEAD PHYSICAL SECURITY OFFICER, ELECTRIC RELIABILITY COUNCIL OF TEXAS

PAY RATE – \$18.50 HR

EMPLOYEES SUPERVISED – 4

SUPERVISOR – JEREMIAH SMITH

- Set up post assignments for officers that are scheduled to work.
- Oversee all aspects of post coverage for night shift as in call offs, overtime, PTO and vacation.
- Assist ERCOT employees with any concern of concerns that they may have regarding safety and or security.
- Conducted and supervised security patrols done by the security officers during shift.
- Provided upkeep with all files and records that needed filing for the physical security department for audit purposes and for record keeping.
- Designated to provide disciplinary actions for subordinates who are not performing up to standards.
- Provide an armed presence on the property to deter unwanted criminal activity and or to prevent work place violence within the property grounds.

MARCH 2012 – MARCH 2015

SENIOR RESIDENT SUPERVISOR, CORRECTION CORPORATION OF AMERICA

PAY RATE – \$16.00 HR

EMPLOYEES SUPERVISED – 15

SUPERVISOR – STEVEN HACKER

- Monitoring the movement of the Residents throughout their daily activities to insure safety and security.
- First line supervisor for the staff to come to when problems arise.
- Performed duties with included reviews and performance disciplinary.

OCTOBER 2007 – JANUARY 2012

LOGISTICS SPECIALIST / PLATOON LEADER, UNITED STATES MARINE CORPS

SERVICE MEMBERS SUPERVISED – 12

DISCHARGE – HONORABLE E-5 SGT

- Arranged shipments and receiving for my battalion, purchasing for supplies needed to expedite processing and assembly of shipments to meet strict deadlines.
- Calculated figures: the amount of labor and materials need to do a specific job, manufacturing cost and wages, using pricing schedules, calculators and computers.
- Compiled job manuals/forms, records, materials currently in inventory and or consumed and kept on file for 5 years.
- Contacted suppliers/customers to verify shipment details and shipping requirements/standards. I've also provided proper documentations and information

to account for delays and difficulties that have happen during the preparation of the task.

- Examined/Monitored documents, materials, finished products and work process in order to assess completeness and accuracy and conformance to the shipping standards, specifications and regulations both civilian and military.
- Supervised and prepared production, construction directions and locations of task. Established info on the necessary tools/materials needed with how many workers needed to accomplish the task that were given.

EDUCATION

GAME ART DESIGN, ART INSTITUTE OF PITTSBURGH ONLINE DIVISION

No degree, 4 semesters completed.

CLASS OF 2007

HIGH SCHOOL DIPLOMA, TAYLOR HIGH SCHOOL

Taylor, Texas 76574

REFERENCES:

JASON BUSH

SENIOR LOGISTICS ANALYST

ALION SCIENCE

SARAH MURPHY

LOGISTICS OFFICER, UNITED STATES MARINE CORPS

DENNIS DEPPEN

GUNNERY SERGEANT, UNITED STATES MARINE CORPS

JULIO PEREZ

PLATOON SERGEANT, UNITED STATES MARINE CORPS

PATRICK D. NUNNELLY, M.D.

The OB/GYN Group of Austin
 1301 West 38th Street, Suite 300
 Austin, Texas 78705

Education

M.D., The University of Texas Medical Branch at Galveston	1977
B.A., The University of Texas at Austin	1972
San Antonio Junior College	1970

Postdoctoral Training

Chief Resident, University of Texas Medical Branch at Galveston	1980-1981
Residency, Obstetrics and Gynecology, University of Texas Medical Branch at Galveston	1978-1981
Internship, Obstetrics and Gynecology, University of Texas Medical Branch at Galveston	1977-1978

Academic and Leadership Appointments

Affiliate Clinical Faculty, Assistant Professor Department of Women's Health, The University of Texas at Austin Dell Medical School, Austin, Texas	2015-present
St. David's Bailey Square Surgical Center, Obstetrics and Gynecology Austin, Texas	1984-present
Seton Medical Center, Obstetrics and Gynecology Austin, Texas	1981-present
St. David's Medical Center, courtesy privileges, Austin, Texas	1981-present

Other Relevant Employment and Clinical Activities

The OB/GYN Group of Austin, a Care Center of Central Texas OB/GYN Associates, Austin, Texas	1984-present
Gynics Associates, Private Practice of Obstetrics and Gynecology Austin, Texas	1981-1983

Honors and Awards

<i>Parenting in the 90's</i> – voted one of the top two OB/GYN physicians in Austin, Texas	1996
<i>Austin Monthly</i> – selected as "Austin Best Doctors"	2007 and 2009

APPENDIX F: RESUMES

<i>Texas Monthly</i> – selected as Texas "Super Doc"	2011
Featured on segment of national television program "911"	1991

Professional Memberships and Activities with Leadership Positions

Resident Education, UT Southwestern Medical Center Dallas, Texas	2011-2016
Executive Board, Central Texas OB/GYN Associates	2011-2017
President, The OB/GYN Group of Austin	1995-2017
Executive Board of Texas OB/GYN Associates	1997-2000
Department Chief of Obstetrics and Gynecology, Seton Medical Center Austin, Texas	1995-1996
President, Austin OB/GYN Association	1988-1990

Community Service

Volunteer Health Clinic, Ob/Gyn care, Austin, Texas	1995-present
Medical Mission Trip, Austin Samaritans, Nicaragua	2009
Texas Pregnancy Care Network, Board of Directors	2000-2016
Mission trips to Honduras, facilitation of New Life Training Center	1990s

Professional Licensure

Texas, E8769

Federal Tax ID

27-1789460

UPIN

B25209

NPI

1386631117

DEA Information

Federal, AN9743419

State, Texas, 80043527

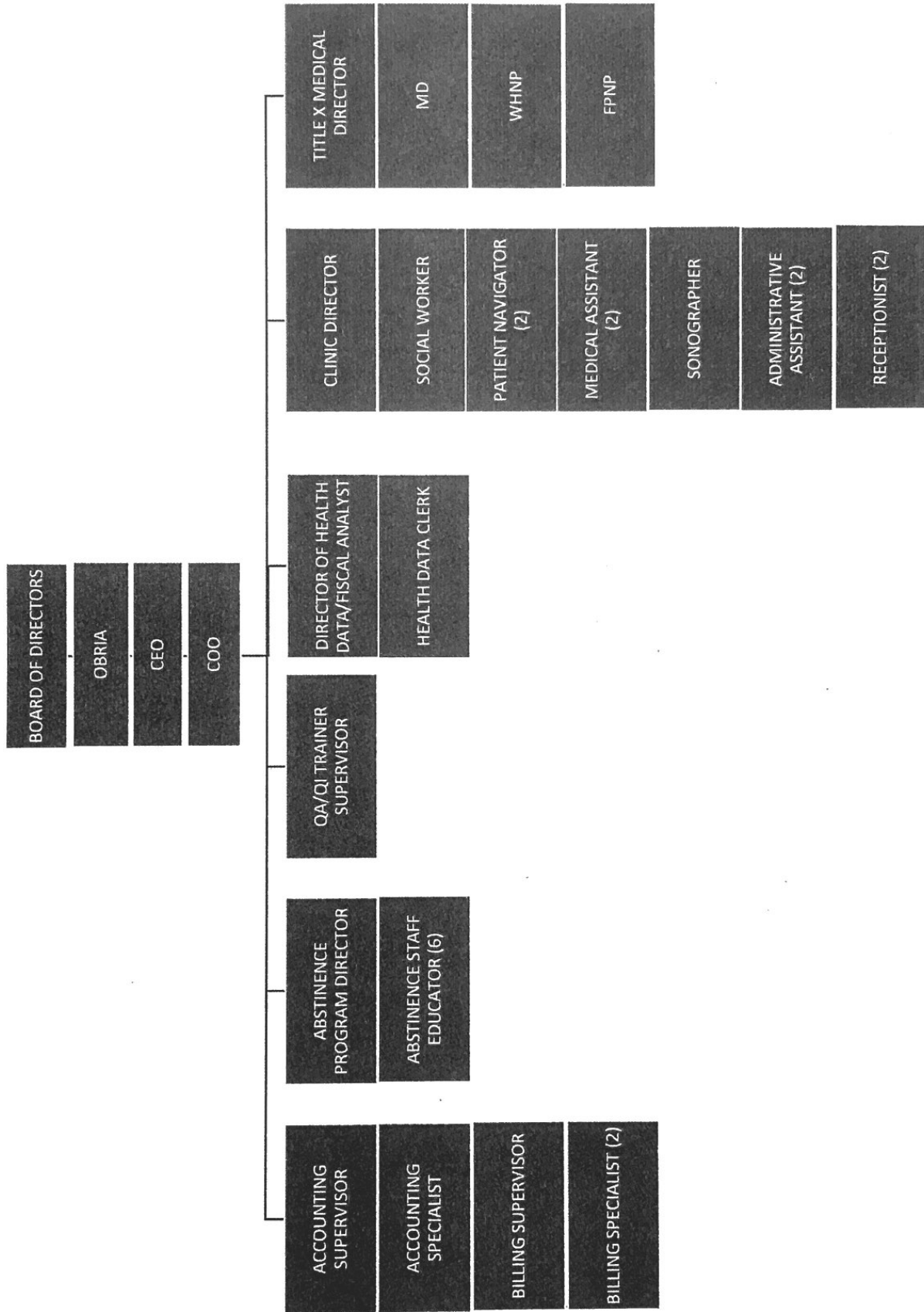
Personal Information

[REDACTED]

Residence:

[REDACTED]

[REDACTED]



OBRIA SUBRECIPIENT BUDGET

OBRIA SUBRECIPIENT BUDGET					
PERSONNEL	Individual	Annualized Salary	FTE	Federal Cost	Non-Federal Cost
OBRIA - Project Officer / Chief Executive Officer	Kathleen Eaton Bravo	\$ 165,000.00	0.2	\$ 35,525	\$
OBRIA - Project Director	Mauricio Leone	\$ 140,000.00	0.70	\$ 105,497	\$
OBRIA - Project Manager	1 Staff	\$ 90,000.00	1.00	\$ 96,885	\$
	Carol Everett				
Chief Executive Officer	Kerry Gregory	\$ 120,000.00	1.50	\$ 193,770	\$
Chief Executive Officer	Michael Austin, PhD	\$ 175,166.00	0.75	\$ 141,425	\$
COO	Leslie Willkom	\$ 100,000.00	0.75	\$ 80,738	\$
Administrative Assistant	2 Staff	\$ 42,000.00	1.50	\$ 67,820	\$
Accounting Supervisor	Michelle Herrera	\$ 60,000.00	0.75	\$ 48,443	\$
Accounting Specialist	R. Teague	\$ 40,000.00	0.75	\$ 32,295	\$
Clinical Director	Mariah Herrera	\$ 60,000.00	0.75	\$ 48,443	\$
Director of Health Data/Fiscal Analyst	Andrew Herrera	\$ 60,000.00	0.75	\$ 48,443	\$
Abstinance Director	Corey Tabor, MML, SRAS	\$ 70,000.00	0.75	\$ 56,516	\$
Women's Health Nurse Practitioner	Lara Turk, WHNP	\$ 105,000.00	1.50	\$ 169,549	\$
Medical Assistant	Marilyn Gregory, WHNP	\$ 40,000.00	1.50	\$ 64,590	\$
Bilingual Receptionist	2 THG Staff	\$ 40,000.00	1.50	\$ 64,590	\$
Billing Supervisor	1 Staff	\$ 45,000.00	0.75	\$ 36,332	\$
Billing Specialist	2 Staff	\$ 40,000.00	1.50	\$ 64,590	\$
Social Worker	Abigail Cortez	\$ 60,000.00	0.75	\$ 48,443	\$
Patient Navigators	2 Staff	\$ 40,000.00	1.50	\$ 64,590	\$
	Lori Pierce, NP				
Family Nurse Practitioner	Micah Chapman, WHNP	\$ 90,000.00	1.50	\$ 145,328	\$
QA/QI Trainer Supervisor	R.Schultz, R N	\$ 85,000.00	0.75	\$ 68,627	\$
Health Data Clerk	1 Staff	\$ 40,000.00	0.75	\$ 32,295	\$
Sonographer	1 Staff	\$ 60,000.00	0.75	\$ 48,443	\$
Abstinance Staff Educators	6 THG Staff	\$ 35,000.00	4.50	\$ 169,549	\$
Total Personnel	37	Total FTE	27.40	\$ 1,932,721	\$
FRINGE BENEFITS					
Position	Individual	Base Salary	FTE	Federal Cost	Non-Federal Cost
OBRIA - Project Officer / Chief Executive Officer	Kathleen Eaton Bravo	\$ 165,000.00	0.2	\$ 8,250	\$

OBRJA - Project Director	Mauricio Leone	\$	140,000.00	0.70	\$	24,500	\$	10,500	\$	35,000	\$	24,990.00	\$	25,490	
OBRJA - Project Manager	1 Staff	\$	90,000.00	1.00	\$	22,500	\$	-	\$	22,500	\$	22,950.00	\$	23,409	
	Carol Everett														
Chief Executive Officer	Kerry Gregory	\$	120,000.00	1.50	\$	45,000	\$	15,000	\$	60,000	\$	45,900.00	\$	46,818	
Chief Executive Officer	Michael Austin, PhD	\$	175,166.00	0.75	\$	32,844	\$	10,948	\$	43,792	\$	33,500.50	\$	34,171	
COO	Leslie Willkom	\$	100,000.00	0.75	\$	18,750	\$	6,250	\$	25,000	\$	19,125.00	\$	19,508	
Administrative Assistant	2 Staff	\$	42,000.00	1.50	\$	15,750	\$	5,250	\$	21,000	\$	16,065.00	\$	16,386	
Accounting Supervisor	Michelle Herrera	\$	60,000.00	0.75	\$	11,250	\$	3,750	\$	15,000	\$	11,475.00	\$	11,705	
Accounting Specialist	R. Teague	\$	40,000.00	0.75	\$	7,500	\$	2,500	\$	10,000	\$	7,650.00	\$	7,803	
Clinical Director	Mariah Herrera	\$	60,000.00	0.75	\$	11,250	\$	3,750	\$	15,000	\$	11,475.00	\$	11,705	
Director of Health															
Data/Fiscal Analyst	Andrew Herrera	\$	60,000.00	0.75	\$	11,250	\$	3,750	\$	15,000	\$	11,475.00	\$	11,705	
	Corey Tabor, MMI, SRAS														
Abstinence Director		\$	70,000.00	0.75	\$	13,125	\$	4,375	\$	17,500	\$	13,387.50	\$	13,655	
Women's Health Nurse Practitioner	Lara Turk, WHNP														
	Marilyn Gregory,	\$	105,000.00	1.50	\$	39,375	\$	13,125	\$	52,500	\$	40,162.50	\$	40,966	
Medical Assistant	2 THG Staff	\$	40,000.00	1.50	\$	15,000	\$	5,000	\$	20,000	\$	15,300.00	\$	15,606	
Bilingual Receptionist	2 Staff	\$	40,000.00	1.50	\$	15,000	\$	5,000	\$	20,000	\$	15,300.00	\$	15,606	
Billing Supervisor	1 Staff	\$	45,000.00	0.75	\$	8,438	\$	2,813	\$	11,250	\$	8,606.25	\$	8,778	
Billing Specialist	2 Staff	\$	40,000.00	1.50	\$	15,000	\$	5,000	\$	20,000	\$	15,300.00	\$	15,606	
Social Worker	Abigail Cortez	\$	60,000.00	0.75	\$	11,250	\$	3,750	\$	15,000	\$	11,475.00	\$	11,705	
Patient Navigators	2 Staff	\$	40,000.00	1.50	\$	15,000	\$	2,500	\$	17,500	\$	15,300.00	\$	15,606	
	Lori Pierce, NP														
Family Nurse Practitioner	Micah Chapman, WHNP	\$	90,000.00	1.50	\$	33,750	\$	11,250	\$	45,000	\$	34,425.00	\$	35,114	
QA/QI Trainer Supervisor	R.Schultz, R N	\$	85,000.00	0.75	\$	15,938	\$	5,313	\$	21,250	\$	16,256.25	\$	16,581	
Health Data Clerk	1 Staff	\$	40,000.00	0.75	\$	7,500	\$	2,500	\$	10,000	\$	7,650.00	\$	7,803	
Sonographer	1 Staff	\$	60,000.00	0.75	\$	11,250	\$	3,750	\$	15,000	\$	11,475.00	\$	11,705	
Abstinence Staff Educators	6 THG Staff,	\$	35,000.00	4.50	\$	39,375	\$	13,125	\$	52,500	\$	40,162.50	\$	40,966	
Total Fringe Benefits	37		Total FTE	27.40	\$	448,844	\$	168,073	\$	616,917	\$	457,820	\$	466,977	
CLIENTS															
Unduplicated Patient Cost	Unduplicated Clients		Per Client Cost	unit		Federal Cost		Non-Fed Match		Total		Federal Cost Year 2		Federal Cost Year 3	
			\$225	15,200	\$	3,420,000				\$	3,420,000	\$	3,591,000	\$	3,770,550
Total Unduplicated Patient Cost					\$	3,420,000				\$	3,420,000	\$	3,591,000	\$	3,770,550
TRAVEL															
Item			Per unit cost	units		Federal Cost		Non-Fed Match		Total		Federal Cost Year 2		Federal Cost Year 3	
OBRJA Travel															
Airfare		\$	200.00	6		\$900.00		\$300.00		\$1,200.00		\$918.00		\$936.36	

Lodging		\$	1,050.00	6	\$4,725.00	\$1,575.00	\$6,300.00	\$4,819.50	\$4,915.89
Meals on Travel Status		\$	400.00	6	\$1,800.00	\$600.00	\$2,400.00	\$1,836.00	\$1,872.72
Taxis to/from Airport		\$	100.00	6	\$450.00	\$150.00	\$600.00	\$459.00	\$468.18
OBRIA Travel Total				24	\$7,875.00	\$2,625.00	\$10,500.00	\$8,032.50	\$8,193.15
THG Travel									
Mileage for Educators to Travel to Schools and Community Events		\$	0.55	3800	\$1,553.25	\$517.75	\$2,071.00	\$1,584.32	\$1,616.00
Per Diem for Training Certifications		\$	63.00	16	\$756.00	\$252.00	\$1,008.00	\$771.12	\$786.54
Travel for Subcontractor Training		\$	0.54	8,400	\$3,402.00	\$1,134.00	\$4,536.00	\$3,470.04	\$3,539.44
Daily Per Deim for Subcontractor Training		\$	63.00	10	\$472.50	\$157.50	\$630.00	\$481.95	\$491.59
Hotels for Subcontractor Training		\$	154.00	8	\$924.00	\$308.00	\$1,232.00	\$942.48	\$961.33
THG Travel Total				12234	\$7,107.75	\$2,369.25	\$9,477.00	\$7,249.91	\$7,394.90
Travel Total				12258	\$14,982.75	\$4,994.25	\$19,977.00	\$15,282.41	\$15,588.05
EQUIPMENT									
Item			Per unit cost	units	Federal Cost	Non-Fed Match	Total	Federal Cost Year 2	Federal Cost Year 3
THG Interactive Website		\$	5,000.00	1	\$ 3,750.00	\$ 1,250.00	\$ 5,000.00	\$ 3,825.00	\$ 3,901.50
Laptops for Abstinence Educators		\$	1,500.00	6	\$ 6,750.00	\$ 2,250.00	\$ 9,000.00	\$ 6,885.00	\$ 7,022.70
Equipment Costs				7	\$ 10,500	\$ 3,500	\$ 14,000	\$ 10,710	\$ 10,924
SUPPLIES									
Item			Per unit cost	units	Federal Cost	Non-Fed Match	Total	Federal Cost Year 2	Federal Cost Year 3
File Sharing for New Staff	Software	\$	250.00	6	\$ 1,125.00	\$ 375.00	\$ 1,500.00	\$ 1,148	\$ 1,170.45
Adobe Pro	Software	\$	74.95	12	\$ 674.55	\$ 224.85	\$ 899.40	\$ 688	\$ 701.80
Copies and Supplies	Supplies	\$	500.00	12	\$ 4,500.00	\$ 1,500.00	\$ 6,000.00	\$ 4,590	\$ 4,681.80
Day to Day Office Supplies	Supplies	\$	3,800.00	1	\$ 2,850.00	\$ 950.00	\$ 3,800.00	\$ 2,907	\$ 2,965.14
Abstinence Marketing	Supplies	\$	4,500.00	1	\$ 3,375.00	\$ 1,125.00	\$ 4,500.00	\$ 3,443	\$ 3,511.35
Copies and Supplies	Supplies	\$	500.00	12	\$ 4,500.00	\$ 1,500.00	\$ 6,000.00	\$ 4,590	\$ 4,681.80
Medical Supplies	Supplies	\$	4.00	15200	\$ 45,600.00	\$ 15,200.00	\$ 60,800.00	\$ 46,512	\$ 47,442.24
Supplies				15226	\$ 62,625	\$ 20,875	\$ 83,499	\$ 63,877	\$ 65,155
CONTRACTUAL									
Service					Federal Cost	Non-Fed Match	Total	Federal Cost Year 2	Federal Cost Year 3
William Biel, M.D.	Title X Medical Director	\$	25,000.00	12	\$ 225,000	\$ 75,000	\$ 300,000	\$ 229,500	\$ 234,090

Patrick Nunlley, M.D.	Medical Director	\$	5,000.00	12	\$	45,000	\$	15,000	\$	60,000	\$	45,900	\$	46,818
Eliseco Rivera, M.D.	Medical Director	\$	10,694.00	12	\$	96,246	\$	32,082	\$	128,328	\$	98,170.92	\$	100,134
Audit	Audit	\$	20,000.00	1	\$	15,000	\$	5,000	\$	20,000	\$	15,300	\$	15,606
CFO Mark Puzdrak, CPA	CFO/CPA	\$	8,500.00	12	\$	76,500	\$	25,500	\$	102,000	\$	78,030	\$	79,591
from Five Stone Accounting	ClearVue Networks	\$	12,000.00	12	\$	108,000	\$	36,000	\$	144,000	\$	110,160	\$	112,363
IT/Phone Maintenance	Electronic Health Records	\$	2,500.00	4	\$	7,500	\$	2,500	\$	10,000	\$	7,650	\$	7,803
Athena	Professional Services	\$	3,000.00	12	\$	27,000	\$	9,000	\$	36,000	\$	27,540	\$	28,091
Legal Services	Monthly	\$	2,500.00	12	\$	22,500	\$	7,500	\$	30,000	\$	22,950	\$	23,409
Janitorial		\$			\$	622,746	\$	207,582	\$	830,328	\$	635,201	\$	647,905
Contractual														
INDIRECT COST				%		Federal Cost		Non-Fed Match		Total		Federal Cost		Federal Cost
10% of Modified Total														
Direct Cost														
Indirect Cost Total														
10% of Modified Total				0.1		\$ 676,176.30	\$	-		\$ 676,176.30	\$	689,700	\$	703,494
Indirect Cost Total				0.1		\$ 676,176.30	\$	-		\$ 676,176.30	\$	689,699.83	\$	703,493.82
OTHER														
Item			Per unit cost	# units		Federal Cost		Non-Fed Match		Total		Federal Cost		Federal Cost
Absinence Program														
Supplies for Assemblies														
Lease														
Contaminated Waste														
Phone and Internet														
Cellular Phones														
Advertising														
Postage for mailings and general office postage														
Facility / Event Insurance														
General Liability / D&O														
Medical Malpractice														
Community or School Assembly Events														
Facility Rental, Janitorial, Etc.														
Offered to school districts with little to no funding for SRA Programs														
Program Scholarships														
Assembly Costs and Stipends for Program Speakers														
Ascend Membership														
Board Retreat														
Supplies / Incentives		\$	5.00	1000		\$ 3,750	\$	1,250	\$	5,000	\$	3,825	\$	3,901.50
Monthly Cost		\$	16,737.00	12		\$ 150,633	\$	50,211	\$	200,844	\$	153,646	\$	156,718.57
Monthly Cost		\$	3,000.00	12		\$ 27,000	\$	9,000	\$	36,000	\$	27,540	\$	28,090.80
Monthly Cost		\$	950.00	12		\$ 8,550	\$	2,850	\$	11,400	\$	8,721	\$	8,895.42
Monthly Cost		\$	800.00	12		\$ 7,200	\$	2,400	\$	9,600	\$	7,344	\$	7,490.88
Monthly Cost		\$	1,000.00	12		\$ 9,000	\$	3,000	\$	12,000	\$	9,180	\$	9,363.60
Postage Cost		\$	1,000.00	12		\$ 9,000	\$	3,000	\$	12,000	\$	9,180	\$	9,363.60
Annual		\$	2,000.00	1		\$ 1,500	\$	500	\$	2,000	\$	1,530	\$	1,560.60
Annual		\$	5,391.00	1		\$ 4,043	\$	1,348	\$	5,391	\$	4,124	\$	4,206.60
Annual		\$	5,926.00	1		\$ 4,445	\$	1,482	\$	5,926	\$	4,533	\$	4,624.06
Facility Rental, Janitorial, Etc.		\$	1,000.00	5		\$ 3,750	\$	1,250	\$	5,000	\$	3,825	\$	3,901.50
Offered to school districts with little to no funding for SRA Programs		\$	50.00	200		\$ 7,500	\$	2,500	\$	10,000	\$	7,650	\$	7,803.00
Production and Featured Guests		\$	1,500.00	5		\$ 5,625	\$	1,875	\$	7,500	\$	5,738	\$	5,852.25
Annual Fee		\$	350.00	1		\$ 263	\$	88	\$	350	\$	268	\$	273.11
Annual Fee		\$	2,500.00	1		\$ 1,875	\$	625	\$	2,500	\$	1,913	\$	1,950.75

Mission Capital Membership	Annual Fee	\$	150.00	1	\$	113	\$	38	\$	150	\$	115	\$	117.05
Training Certification	2 Days	\$	850.00	8	\$	5,100	\$	1,700	\$	6,800	\$	5,202	\$	5,306.04
Other					\$	249,346	\$	83,115	\$	332,461	\$	254,333	\$	259,419